



How can Perceived Proximity support sustainable urban planning for health equality on the neighbourhood level?

A case study examining the place experiences of citizens of Selwerd, Groningen



Louise Struwe S3878082

*Bachelor thesis | Rijksuniversiteit Groningen
Thesis supervisor: Mohammed Saleh MSc
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Abstract

Despite legal standards and measures to fight health inequality, it remains an issue in certain Dutch neighbourhoods. Current health inequality assessment strategies are not complete and the Netherlands therefore needs an improved measurement approach to facilitate planners. This study describes and examines such a tool called perceived proximity by means of measuring citizens' place experiences with regards to access to health-related resources. Using semi-structured interviews and thematic analysis, the social structures determining one's place experiences are studied and compared between socio-economic groups. Planners need to have insight on the causes of varying place experiences in order to combat health inequality on the neighbourhood level, and Perceived Proximity can provide them with this to make valuable plans in an efficient manner.

1. Introduction

1.1 Dutch sustainable urban development

Planning practice in the Netherlands has been widely acknowledged as a leading example for sustainable urban planning around the world. With concepts like the Compact City model, its focus lies on sustainable development as one of its core aspects, and is known for its future-oriented approach. However, since recently concerns have been raised regarding high density as a characteristic of a compact cities, and its social outcomes (Arundel & Ronald, 2017). And the recent popularity of proximity planning in urban policy is questioned with regards to unclarity about its potentials and effects (Gil Solá & Vilhelmson, 2018). Which shows that, besides economic and environmental, more attention is geared towards social sustainability. However, despite Dutch policy interventions aiming to reduce health inequality, health equity remains to be an issue in the Netherlands (Gheorghe et al., 2016). Historically and internationally seen, health inequality might seem relatively low, but with the general principle of equality of treatment incorporated into Dutch law, and the National Environmental Policy Plan calling for close corporation with Ministries of Health in achieving social sustainability, health inequality remains a challenge of national priority (Kroneman et al., 2016).

1.2 Health inequality in the Netherlands

In attempts to assess health inequality and its causes, the Netherlands has conducted multiple systematic, research-based programmes to study health inequalities in relation to socio-economic groups (Mackenbach, 1994; Mackenbach, van de Mheen, & Stronks, 1994). Mackenbach, van de Mheen, and Stronks aimed to find an explanation of socio-economic inequalities in health in the Netherlands by means of a longitudinal Study on Socio-Economic Health Differences (LS-SEHD) (1994). Other researchers compared the relationship between socio-economic level and all-cause mortality (Kunst, Looman, & Mackenbach, 1990) and level of education (Kunst & Mackenbach, 1994) between Dutch and other Western European countries. The aim was to gain an increased awareness of health inequalities and their causes and effects in order to create effective policy guidelines. Current Dutch guidelines encourage an intersectoral collaboration between social policy sectors and physical policy sector, like spatial planning (Storm et al., 2016). These, and more recent studies specifically focused on mental health (Weinberg et al., 2019), have consistently found a lower SES to correlate with a variety of health problems, which is not unusual in this line of research when compared to other Western countries (Mackenbach et al., 2018). Health problems

vary from increased chances of diseases like diabetes and cancer to a decreased sense of perceived general health (European Commission. Directorate General for Health and Consumers., 2011). The notion of perceived health is particularly interesting given the theme of health equity being central to this study and as a key component of social sustainability.

1.3 Societal and theoretical relevance

Since it is incorporated in Dutch law that social equity must be a central theme in national policy and therefore spatial planning (art. 1 Rijksoverheid, 2020), it is necessary to critically look whether current assessment of health inequality in neighbourhoods is in line with such goals. If that is not the case, spatial planning practice in the Netherlands needs to improve the measurement tools used to assess health inequality to be consistent with the Dutch legal standards. Additionally, when variability of health between societal groups and its causes are not accurately assessed and effectively planned against, the social structures which potentially contain these causes can lead health inequality to reproduce over time (Abel & Frohlich, 2012). Therefore, it is essential to strengthen the knowledge and evidence base for health inequality embedded in social structures to make effective policies to combat such inequality (Mackenback & Stronk, 2004).

1.4 Research problem

Having health-related resources available in one's neighborhood allows for citizens to live a healthy life, provided that they are also able to utilize these resources. Or, the extent to which they perceive these resources to be accessible and experience them to be available regardless of their geographic location.

The current Dutch approach of spatial planning with regards to proximity planning is mainly concerned with geographical and temporal nearness to resources (Storm et al., 2016). When assessing people's health according to accessibility to resources, this mere geographical approach has proven to overlook place experiences (Vallée et al., 2020). Since place experiences revolve around people's perceptions of space and their relationship to a place, and largely vary between societal groups, a broader than geographic approach is needed which allows for subjectivity of thoughts, feelings and experiences. These are rooted in social structures that condition people's behaviour and perceptions. Therefore, a resource in an exact same geographic situation, might feel unequally accessible to citizens from a different socio-economic status. This is alarming for health inequality, and why equity is crucial for ending and correcting for reproduction of social and health inequality (Abel & Frohlich, 2012).

Here we find two issues, namely that: the current use of proximity in planning fails to accurately assess health inequality in neighbourhoods with respect to citizens' perceived accessibility to resources; and secondly, that this lack of understanding about variability of perceptions makes that spatial planner cannot effectively plan to reduce health inequality in neighbourhoods. Therefore, this research aims to explore the extent to which a new concept of perceived proximity can contribute to the process of health inequality assessment in neighbourhoods while also uncovering its causes. And examine the extent to which this new assessment tool can facilitate planners with a deeper understanding of health inequality in neighbourhoods. The questions that will structure this research are the following:

To what extent can the concept of perceived proximity support sustainable urban planning by accurately assessing health equality on the neighbourhood level?

- 1. Why is perceived proximity promising when planning for health equality in neighbourhoods?*
- 2. What are the place experiences of citizens of Selwerd with regards to health-related resources in their neighbourhoods?*
- 3. How can perceived proximity facilitate planners with a deeper understanding of health inequality in neighbourhoods?*

2. Theoretical framework

2.1 Social sustainability for health equality

In their article on social sustainability in neighbourhoods, Bramley & Power (2009) study patterns of access to services and facilities in relation to urban forms and density. They find that when planning for socially sustainable neighbourhoods the two components of social equity and sustainability of community can be of aid to planners by serving as guidelines to increase health equality in neighbourhoods. The first component (social equity) is concerned with whether the availability of health-related resources within citizen's proximity, as well as their ability to utilize those resources is equally distributed among socio-economic status (SES) groups. The second component of social sustainability is concerned with providing citizens with means to participate and interact within their society.

In order to improve one's health by means of increasing capacities, the element of choice in production and maintenance of one's health is crucial (Hays, 1994). As "human social action involving choices among the alternatives made available by the enabling features of social structure, and made possible by solid grounding in structural constraints" (Hays, 1994, p. 64). Such lifestyle choices and behaviour influencing one's health can take the form of unhealthy eating habits and a lack of activity and are rooted in unequal access to health-related resources. These include services and resources like the health-related resources from Godbout's theory used in a study by Vallée et al. (2020) on 'perceived accessibility' for assessing health inequality in neighbourhoods. The theory includes twelve health-related resources which can be seen in table 1.

2.2 Perceived accessibility and capacities

The study by Vallée et al. (2020) found that citizens' perceived accessibility to health-related resources greatly varies between socio-economic groups when their 'place experiences' are studied. The respondents in their case study were asked to indicate their experience of the neighbourhood of their residence by means of drawing a polygon on a map (self-defined neighbourhood). These were compared between socio-economic groups, as well as the health-related resources present in that area. This approach differs from the way health inequality assessment in neighbourhoods is often done, as it uses people's experiences of their neighbourhood instead of pre-defined areas as officially defined by land-use planning. Their aim was to create and test a tool which corrects for the limited scope of this geographical approach of proximity planning concerned primarily with nearness in time and space.

They claim that social-spatial variations in neighbourhood boundaries allow for assessing perceived accessibility as opposed to objective accessibility, and therefore have more chances of measuring the magnitude of inequality as is experienced by the citizens themselves.

By means of incorporating Sen's capability approach (CA), Vallée et al. (2020) aim to cover this issue. With the CA, Sen emphasizes the ability of citizens to utilize the capital that is available to them. Capital includes the availability of resources, which determine a person's available choices. Whereas capacities say something about the extent to which people are able to convert available capital into accessible capital (Vallée et al., 2020).

Since people from lower socio-economic groups are more prone to make unhealthy behavioural choices even when the capital that they have available is the same as for higher socio-economic groups, their capacities should not be overlooked (Vallée et al., 2020). The main point of the CA would be to, besides increasing people's quality and quantity of health-related resources, also enhance their capacities in using them to improve their health. By providing lower socio-economic groups with a larger range of options regarding health-related resources, supplemented with the capacities needed to make use of them, health inequality has more chances of being decreased than by merely looking at geographical accessibility to available capital (Vallée et al., 2020). Firstly, however, an accurate assessment of the variability of health inequality is necessary to see where increased capacities are needed in order to accomplish this. The study found that the lower SES groups in their sample always had less perceived accessibility to health-related resources, despite institutionalized principles of equity and redistributive justice (Vallée et al., 2020). The use of the concept of place experiences by Vallée et al. (2020) is, however, not the same as will be used in the remainder of this research.

2.3 Place experiences

Neighbourhoods are more than just their geographic boundaries to its citizens. Therefore, planners often incorporate citizens' relationships within and with the space, and try to integrate social aspects with the ecological (Stanton Fraser et al., 2013).

In a similar study by Puren et al., (2018), in which the authors aim to inform spatial planning guidelines by means of examining people's relation to space and place, the importance of place experiences is emphasized. The intersubjective nature of experiences related to emotional as well as physical safety, relaxation, hope and curiosity were the main focus in their research. Using an integrated and participatory approach, they tried to make sense of the experiences that play a role in how people act and feel in their place of residence using qualitative methods. Puren et al. (2018) treat place as relational and dependent on the social and cultural processes that produce it, which can be linked back to the social structures determining one's capacities in the form of enabling or constraining features (Hays, 1994).

Stanton Fraser et al. (2013) also examined perceptions of neighborhoods and conducted a research in which qualitative data was collected to capture intersubjective perceptions and experiences of residents with regards to landmarks and resources. Also here, people's relations to those amenities were central and claimed to be impossible to capture by quantitative means only.

3 Methodology (600) total 2500

3.1 Case study selection

Noordwest-Groningen is among the lowest districts of Groningen in terms of average income per citizen, and consists of 6 neighborhoods, of which Selwerd has the lowest average income per citizen, with €16.800 a month. More than a quarter of Selwerd its citizens has a not-Western migration background which has been linked to a lower socio-economic status in the Netherlands (Ooijevaar, 2016). Since the beginning of 2021, housing corporations De

Huismeesters and Heijmans Woningbouw Noord have signed to start building new residential areas that will be up for rent, and on average the housing prices have gone up in the neighborhood (Selwerd, 2020). This indicates a sufficient disparity in SES needed to get significant results from the second sub-question of this research.

3.2 Methods used

Firstly, a literary review using articles touching upon themes of health equality in neighborhoods, citizens' place experiences with regards to resources within neighborhoods, and the rising of proximity planning is conducted to answer the first sub-question. The concepts discussed in the theoretical framework form the basis of this chapter.

Subsequently, primary data from Selwerd was collected to answer the second sub-question regarding the expected variability in citizens' perceived proximity to health-related resources. The resources from Godbout's theory, adopted from Vallée et al. (2020) includes twelve health-related resources which can be seen in table 1 and map 1 (in the appendix), and in this study will be divided in four categories. During the interviews the participants were free to fill in these categories to their interpretation.

| Category of health-related resources | Resources included |
|---------------------------------------|---|
| Life supply resources | grocery stores, eating and drinking places |
| Physical activity resources | private recreational sports centers, bike paths, large parks |
| Social interaction resources | social services, civic-, social- and fraternal organizations, libraries |
| Medical health services and resources | dental clinics, and physician clinics |

Table 1: Categories of health-related resources according to Godbout's theory taken from Vallée et al. (2020)

The respondents in the case study were asked about their level of education and perceived SES to divide them into SES groups (see table 2). Education, following RIVM, is the most frequently used indicator in The Netherlands and is most suitable when representation of the social dimension of SES is important (Boshuizen et al., 2014). People's perceived SES compared to other citizens in their neighborhood, ties into the emphasis on perceptions in this research. Because this study is focused on social structures in non-material differences between SES groups, this indicator is chosen over other regularly used indicators like income and occupations which are more focused on the material and welfare side.

During the semi-structured interviews, the perceived proximity of the participants was measured by means of asking about their place experiences with regards to health-related resources in their neighborhood. The predefined indicators, determined in the literary study (chapter 1) were used, as well as emerging themes that came up during the interviews.

Through thematic analysis, the predefined and emerged indicators were grouped in themes and studied to see what consistent experiences and barriers are among certain socio-economic groups. While discussing the data, pseudo-names were used to protect the privacy of the respondents, these and more respondent details can be found in map 1 and in the appendix. Finally, for the third sub-question, 'perceived proximity' as a tool is reviewed to examine its potential contribution to sustainable urban planning. These results were translated into findings through visualization in a 'perceived proximity map' (see map 1).

| Variable | Indicator | Value |
|-----------------------|---------------------------------|--|
| Socio-economic status | Highest level of education | primary education; VMBO and MBO1 3 HAVO, VWO and MBO2-4; HBO and WO bachelor; HBO and WO master or doctor None of the above |
| | Perceived socio-economic status | Lower than average Around the average Higher than average |
| | Age group | 18-24 |
| | | 25-34 |
| | | 35-44 |
| | | 45-59 |
| | | >60 |

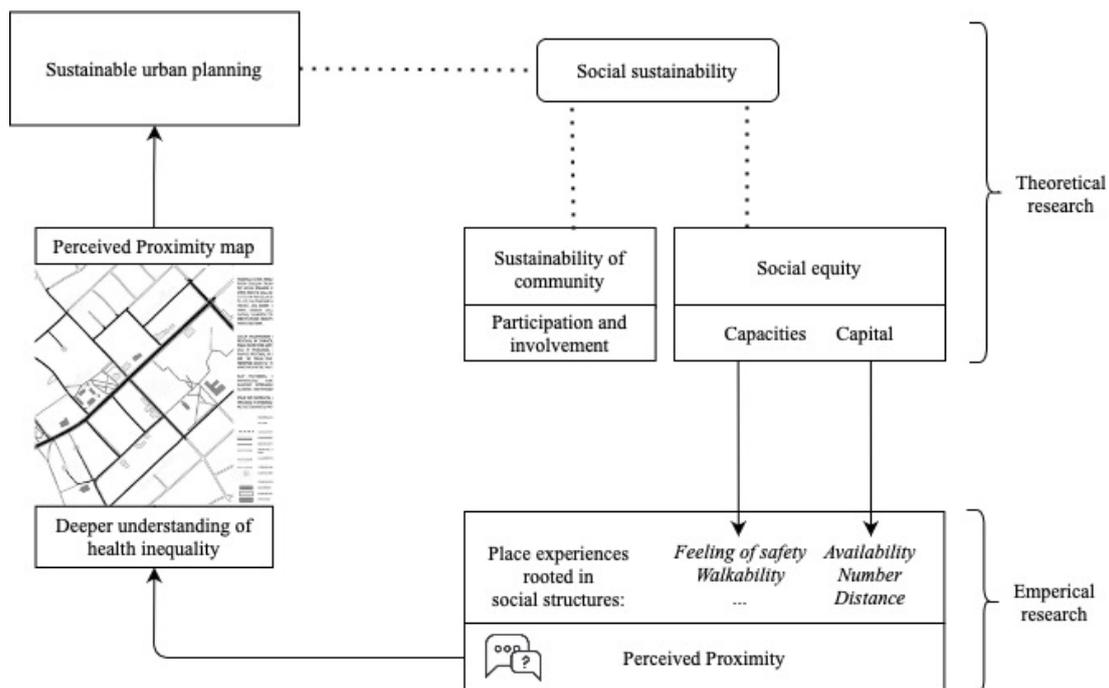
Table 2: Socio-economic status

3.3 Expected results

Studies on place experiences use qualitative methods which can capture intersubjective indicators like feelings, thoughts and experiences. Therefore, using in-depth interviews, insights gained about the limitations that lower socio-economic groups experience when accessing health-related resources. Firstly, it is hypothesized that the place experiences of lower socio-economic citizens in Selwerd show a decreased sense of perceived proximity to health-related resource in their neighborhood. Secondly, that the assessment tool of perceived proximity can give a more accurate account of health inequality. And finally, that, by means of deeper understanding of health inequality, it can support planners in planning for health equal neighborhoods in line with sustainable urban development.

3.4 Conceptual model

Figure 1: Conceptual Model



4. Results

4.1 Chapter 1: Perceived proximity in health equality assessment

4.1.1 Self-defined neighbourhoods

Although Vallée et al. (2020) did recognize neglecting people's perceptions of a place to be an issue in health inequality assessment, and tried to correct for place experiences, their application of the CA does not seem to capture the capacities as presented by Abel and Frohlich (2012). Although a good place to start, merely providing lower SES citizens with equal opportunities does not restore health inequality on a larger scale (Abel & Frohlich, 2012). For social structures have proven to result in variability in capacities of utilizing resources, with a disadvantage for lower SES groups (Vallée et al., 2020). This means that even with equally available health-related resources, lower SES groups are less equipped in utilizing them, and therefore less able to live a healthy life.

When Vallée et al. (2020) claim to capture people's place experiences by their self-defined neighbourhoods, and subsequently measuring the availability, number of health-related resources and their distance to people's homes, they do to some extent get insight on varying perceptions. However, this does not apply to the causes of these varying perceptions, and the barriers that people experience when wanting to access certain resources. These indicators do not capture the intersubjective part of place experiences that is concerned with people's feelings, emotions and experiences. These are not quantifiable and have to be examined by qualitative methods (Stanton Fraser et al., 2013; Puren et al., 2017).

4.1.2 Accessibility indicators in qualitative methods

In qualitative research, the forms of interviews and focus groups are effective ways to examine people's place experiences (Puren et al., 2017). Although mixed-methods are encouraged, when talking about perceptions, typically quantitative indicators can be incorporated in the interviews by asking respondents about their experience with regards to these themes. Examples of frequently used indicators are the availability, number and distance also used by Vallée et al. (2020), and adopted in this research. The quantitative nature of these indicators is related to the capitals that citizens have at their disposal. People's capacities are more concerned with their feelings, like the feeling of emotional and physical safety, and experiences of space, like its walkability (Cerin et al., 2018). These two indicators (feeling of safety and walkability) are frequently used in accessibility studies (Cerin et al., 2018) and included because they are related to the built environment and thus relevant for spatial planners.

Focus groups and interviews with an (at least partially) open structure allow for emerging themes besides predefined indicators that are described in previous research. Since accuracy of assessment is the main goal, it is beneficial to allow for such flexibility in indicators. For there might be significant issues that influence people their place experiences which are not covered by the predefined indicators: availability, number, distance, safety, and walkability.

4.1.3 Perceived proximity in planning practice

In order for spatial planners to plan for decreased health inequality, firstly an accurate assessment of the current inequality is necessary as well as its causes. It would be beneficial to see whether certain categories of health-related resources are perceived as less accessible to citizens of lower SES, despite being available to them geographically. Because when merely increasing the number of health-related resources, or decreasing distance to them, it cannot be

regarded as socially sustainable planning. For the variability in perceived accessibility that is rooted in unequal capacities will be neglected. Whereas social equity principally takes into account the historic and social inequality between groups, and unequal distribution of capacities are not corrected for when merely focussing on availability and number of resources. To make this process more efficient, Godbout’s health-related resources are divided into categories (see table 2), to see where variability is most predominant.

Then, by combining the traditionally quantitatively measured indicators with typical qualitative indicators, and asking citizens about their place experiences with regards to these themes, perceived proximity to health-related resources can be measured. Semi-structured interviews, where these themes can be addressed, will also allow for emerging themes during conversations with citizens so that planners will have a higher chance of accurately assessing health inequality and its causes in a neighbourhood. Perceived Proximity then has the capacity to illustrate the place experiences of citizens which allows them to incorporate local and context specific issues in plans aimed to decrease health inequality in the neighbourhood.

It remains necessary to firstly examine the unequal distribution of capacities in order to see where increased capacities for lower socio-economic groups is needed. And secondly how less accessible groups of people can be empowered in accessing health-relevant resources and thus increasing their capacities of utilizing capital.

4.2 Chapter 2: Interviews with citizens from Selwerd

4.2.1 Introduction to the themes

Apart from the indicators that are set out in the previous section (*availability, number, distance, feeling of safety and walkability*), three new topics emerged during the interviews. These came up in conversation with all three SES in relation to the categories of health-related resources. They are *maintenance* of the neighbourhood and its resources, and whose responsibility that is; *citizen involvement* or *feeling heard*, relevant given the current development project Selwerd is going through, and recent efforts by the municipality to involve citizens in this process; and lastly, *neighbourhood dimensions*, reaching outside of Selwerd, into the city centre and other parts of town.

These indicators were categorized into three themes according to their relation to space, and can be seen in table 3. In the following chapter, the interview results will be presented in three subsections according to these themes.

| | Geographic | Socio-spatial and feelings | Functional spatial |
|------------|---|---|---------------------------|
| Predefined | <i>Availability</i> <i>Number</i> <i>Distance</i> | <i>Feeling of safety</i> | <i>Walkability</i> |
| Emergед | | <i>Citizen involvement</i> <i>Neighbourhood dimensions</i> | <i>Maintenance</i> |

Table 3: Themes and their indicators

4.2.2 Theme 1: Geographic

Availability of health-related resources

The geographic spatial indicators were not the most pressing issues for the respondents in general. However, it is important here that the distinction is made between the types of resources: the medical resources and life supply resources were perceived as highly available to all respondents; whereas the social interaction – and physical activity resources scored much lower and had more disparity between SES's with a disadvantage for lower SES citizens (see appendix for code books, tables 1-3). Lara mentioned that these resources were present in the neighbourhood, but mainly for a specific age group and interest, like soccer clubs and fields geared towards (male) children and (young) adults (see map 1). Especially sport facilities were lacking according to her, and thus only available for a selective group of citizens. However, Leo indicated to use the park for sport and giving personal training, and was satisfied with the availability of sport clubs and fields.

Number of health-related resources

With regards to the number of resources again the former distinction can be made: life supply resources were stated to be present in sufficient amount with special appreciation for the variety of supermarkets. Whereas the respondents were only aware of three social interaction resources in the form of a café, bar and restaurant. Higher SES citizens were unbothered by this, as they would not look for social interaction in their neighbourhood, but Lara mentioned this lack of options to be a barrier in social interaction with neighbours. The single café would again be fit mainly for men, and for women there is no such a place for social gatherings. For children and elderly, this is different, as multiple organisations allow these groups to interact and participate in organized events.

Distance to health-related resources

The neighbourhood's compactness and the central locations of most of its resources were praised by all respondents. Here, again, the medical resources scored highest together with the life supply resources. There was also no disparity between the different SES groups, and Ali even mentioned that the social housing areas are mostly located around the shopping square where also the doctor and pharmacy are situated. This, he claimed, shows that efforts are already in order to, at least geographically, secure accessibility for lower SES citizens. With regards to the social interaction resources and the physical activity resources there was some disparity again. The park, used for social interaction by Lara, is located at the left-side border of the neighbourhood, although not causing a barrier to her as this was also where she lived as can be seen on map 1. For physical activity, however, she did not consider the park or sport fields suitable for exercise whereas the other respondents did. She said to depend on sport facilities which were not present in or near Selwerd. And mentioned that the distance to such facilities in other parts of town are a barrier to do sport.

4.2.3 Theme 2: Functional spatial

Walkability of Selwerd

All respondents have indicated to find the routes to most of Selwerd its resources as sufficiently walkable. This was for the medical and life supply resources again mostly due to their central

location in the neighbourhood. Henry even mentioned that the shopping square and the neighborhood organization will in the current development plan be leveled with the elderly homes for better accessibility for all ages. Higher SES respondents were overall satisfied with walkability in the whole neighborhood, mainly due to being very mobile themselves. Lara, however, did experience some barriers with walking to and in the park.

The most left park, both as social interaction and physical activity resource for especially the lower SES citizens, was not perceived as very walkable. This was mainly due to its walking paths which are not always in the best shape as indicated on map 1. For Lara, but for her dog as well, this made the park less walkable and had mostly to do with maintenance.

Maintenance of Selwerd and its health-related resources

Maintenance of the parks and walking paths was mainly an issue for lower SES respondents, but all respondents acknowledged that maintenance somewhere in the neighbourhood was in need of improvement. Lara said that, with the overgrowing plants and bushes that harm her dog, she cannot safely walk in the park. Ali and Henry mentioned the litter and lack of trashcans in the parks and near the pond to affect its appearance and accessibility (see map 1). They agreed that this was the municipality's responsibility but expect different things. Lara wished to be listened to in her request to make the parks more (dog)walking safe, a request she shared with many neighbours she said. Ali thought more subsidy is needed to, after the neighbourhood's redevelopment, also keep it clean and tidy. Whereas Henry said that the municipality is doing enough maintenance as it is and Selwerd its citizens themselves should work together more to keep it clean. He added that messy porches leave a bad example to neighbours and decreases the appearance of a street. With clean streets, he said, people will be proud of their neighbourhood and keep it clean.

4.2.4 Theme 3: Socio-spatial and feelings

Feeling of safety by accessing health-related resources

Although all respondents acknowledged to have heard or be aware of a feeling of unsafety in certain parts of the neighbourhood, Ali, Henry and Leo were unbothered by this, saying it does not affect their access. Ali said to feel at most unpleasant during the winter months or at night in proximity to the park or sport fields, and Henry used words as grim and discomfort. Lara said that her feeling of unsafety affected her whole perception of the neighbourhood. For the park, which besides walking her dog, also gives her social interaction with neighbours. The walk and bike path along the northern border of Selwerd, as well as the park being dark in the evening mainly cause her to feel unsafe, together with previous incidents and experiences of nuisance. The poor maintenance also plays a large role here, a link Henry also made concerning messy streets and unpleasantness.

Leo, Ali and Henry were more concerned with others' safety including elderly and children, mainly with regards to traffic. Concerns were primary school De Pendinge which is located in front of a dangerous crossing of the Eikenlaan, and the narrow street the Maluslaan where cars are speeding and many playgrounds are located around (see map 1).

Neighbourhood dimensions

When asking the respondents about the health-related resources, it would depend on the category and SES whether they referred to resources within Selwerd or other parts of town. The mentions of great accessibility of life supply and medical resources was by all SES groups

pointed towards resources within Selwerd, and some in Paddepoel and the city centre. Especially higher SES respondents referred for social interaction resources to cafes and bars in the city centre and still experienced these as highly accessible. Lower SES respondents would with social interaction and physical activity resources automatically refer to the (lack of) resources within Selwerd, and after a follow up question talk about those in surrounding neighbourhoods or the city centre. Leo experienced these as more accessible than Lara, both for social interaction and physical activity resources, inside Selwerd and out. The male respondents agreed that the atmosphere and vibrant social life in the city centre drew them outside of Selwerd for both these resources.

Citizen involvement and feeling heard

All respondents were aware of the municipality’s current attempts to make Selwerd more accessible for all its citizens and how parts of the redevelopment project affect their living environment. Their perceptions of how this was done, however were not equally appreciated among the respondents. Henry said that anyone with complaints can go to the neighbourhood post where issues will be handled accordingly. And that there is a lot of collaboration between multiple organisations within the neighbourhood and the municipality. In contrast to Lara, who said to hear a lot of frustration and mistrust among neighbours, mainly with regards to not feeling heard for their wishes. She mentioned that the councils held by the neighbourhood organisation to hear about citizens’ views were deliberately set at inconvenient times. And the preferences that were voiced, were not taken into consideration. Lastly, she added she and neighbours question where the large amounts of subsidy go to as they do not see it back in ways that benefit the majority of Selwerd its citizens.

Map 1: Perceived Proximity Map



4.3 Chapter 3: A deeper understanding of health inequality

Accessibility to capital, as argued for in the introduction, is in current proximity planning mainly concerned with its availability, and often measured in terms of number and metric distance by quantitative GIS studies (Pearce, 2006; Cerin et al., 2018). As a consequence, capacities to utilize capital is largely neglected, resulting in an assessment that does not uncover the social structures that determine people's capacities. These social structures are related to a person's SES, and call for an approach that respects the intersubjective nature of social relations of people and place. Therefore, measuring place experiences can be an effective way to capture the thoughts, feelings and experiences that play a role in the relation between a neighbourhood and its citizens.

Since the main goal of Perceived Proximity is to capture these place experiences, it is essential to conduct qualitative research. Because these place experiences belong to the social realm of a neighbourhood, and needs qualitative indicators like the ones laid out in chapter 1. However, besides these predefined indicators, contextual factors might play a role which are not included in previous research. Therefore, the emerging indicators are important to acknowledge and include. Since all three of the emerged indicators are situated in a non-geographic theme (see table 3), and have an inherent qualitative aspect, these could only have been captured by such a qualitative approach. Moreover, it can be seen in the tables (see code book in appendix) that, especially for these emerged indicators, disparity between SES groups is largest. Meaning that, in order to effectively combat health inequality by increasing the capacities of lower SES, the emerged indicators are significant to look at.

Another important contribution of Perceived Proximity for planners, is the categorization of the health-related resources. This is because of the clear distinction of types of resources when looking at certain indicators influencing people's accessibility. In this case study, possibly due to the compactness and density of Selwerd, medical services and life supply resources are perceived as highly accessible in association with all indicators. Hereby, it could make the planning process more efficient if categories or functions irrelevant to a specific situation can be ruled out. And focus can be geared towards the issues that are particularly pressing for lower SES, to improve their accessibility (social equity). Sustainability of community also arose in the interviews, and had the most disparity between SES. It can be questioned to what extent it is a responsibility for spatial planners to include such citizen involvement. But when accurate health inequality assessment is done prior to developing plans, and planners are provided with this information, this will at least support them to draw up inclusive plans. Especially since Lara mentioned to want to feel heard in her requests about maintenance and increasing the variety of certain facilities.

5. Discussion

Perceived proximity as a tool for sustainable urban planning

Perceived Proximity uses typical quantitative indicators and adds indicators in the social realm of a neighbourhood, while also allowing for emerging themes. Which makes the tool more inclusive than when assessing accessibility geographically like the self-defined neighbourhoods by Vallée et al. (2020). The indicators that emerged (neighbourhood dimensions, citizen involvement and feeling heard, and maintenance) all three belong to other themes than the geographic theme. This means that they belong to the social realm of the neighbourhood which cannot be quantified without diminishing their subjective nature.

Regarding the categories, it can be said that for all SES and for all indicators, the life supply resources and medical resources were sufficiently accessible. Generally, the social interaction resources and the social activity resources were perceived as less accessible, and had more disparity between SES. This insight is valuable when wanting to decrease inequality effectively and efficiently, and thus in line with sustainable urban development. For when not only the varying place experiences, but also its causes rooted in social structures are examined, they can be corrected for by increasing the capacities of lower SES (social equity).

The second component of social sustainability (sustainability of community), concerned with providing citizens with means to participate and interact within their society, is also covered in Perceived Proximity. As the emerged indicator citizen involvement, shows that lower SES feel less involved and heard than higher SES. The solution would be to include their wishes to increase their accessibility, as well as their trust by feeling heard. Whereas currently, with an external advisory committee responsible for research-based assessment on health inequality in the Netherlands, place experiences of lower socio-economic groups do not play a role in health assessment (Mackenbach & Stronk, 2004). Moreover, the comment that Selwerd is dense and compact, can be linked to the claim of Bramley and Power (2009) that there is a trade-off here: where higher density increases social equity, it decreases sustainability of community. Which means that the compactness of Selwerd makes its resources highly accessible in terms of the geographic indicators, but no positive relationship was found between density and citizen involvement (Bramely & Power, 2009) which belongs in the social realm. This confirms the observation from the case study, showing a decreased sense of citizen involvement for lower SES.

It is beneficial for planners to know where disparity is most predominant when aiming to improve accessibility for lower SES in order to decrease inequality. Therefore, the categories of resources adopted from Godbout's theory (Vallée et al., 2020) were a good contribution to the model. Since during the interviews the respondents did not come up with other resources which were not yet taken into account in the categories, it was complete and served its purpose. This can also be assigned to the relatively limited number of different resources in the neighbourhood. In light of the deeper understanding for planners, however, the categories might be rather broad and can be made more specific. In this study the categories were fluent, letting the respondents interpret them to their experience (some respondents saw the park solely as a social interaction resource, and others for physical activity as well). A potential limitation is that when comparing between the categories, contrasts cannot coherently be made between different people, as they might have had different ideas of the same resource.

The number of respondents was also a limitation, which makes it hard to secure reliability of the case study. Preferably, more respondents would have been interviewed in order to get more insights, but given time restrictions and the current situation regarding Covid-19, the sample size was rather small. Another consequence was that the medium over which the interviews were conducted (on-line) formed a potential issue for validity, as the quality of interaction between interviewee and respondent can decrease (Curasi, 2001). Finally, with regards to the perceived proximity map, as a means to visualize the place experiences of the citizens of Selwerd, it can be said that non-spatial indicators such as citizen involvement are hard to visually represent. This makes the maps rather incomplete and, depending of the context of the neighborhood, unsuitable for the research.

6. Conclusion

The potential of Perceived Proximity in planning for health equality in neighbourhoods lies in its ability to give a more accurate account of health inequality than traditional geographic assessment approaches. Since the latter have the characteristic to neglect the varying place

experiences embedded in social structures which determine one's capacities to utilize health-related resources necessary to make healthy life choices. Perceived Proximity does respect the intersubjective nature of qualitative indicators, as it uses interviews with citizens of different SES and compares their perceived accessibility to predefined and emerged indicators.

Two main things can be taken from the interviews that are of significant value for answering the research question. Firstly, the social nature of the emerged indicators citizen involvement, neighbourhood dimensions, and maintenance. Secondly, a pattern showing that the social interaction, and the physical activity resources have much more disparity between SES. This counts for the indicators distance, safety and availability as well, but this might also be due to other factors like gender and age.

The contributions of Perceived Proximity can be assigned to its qualitative and flexible approach, and its focus on uncovering the underlying causes of varying place experiences with regards to accessing health-related resources. The categories of health-related resources allow for a focused and efficient approach for planners to create neighbourhood plans that effectively increase equality, and the contributions from the interviews can support planners to know what its citizens expect to be included in such plans.

There are still a number of gaps in the knowledge that Perceived Proximity aimed to provide and need further research. First of all, it is not entirely clear whether certain patterns of perceived accessibility to health-related resources are linked to other factors like age and gender. Therefore, it is necessary to conduct interviews of larger sample sizes and correct for such factors in order to give a stronger argument for the relation between socio-economic status and perceived proximity. Second, more methodologic work is needed to find the best way to categorize the health-related resources per context. The flexibility of the application of Perceived Proximity should be tested to see if the approach caters to different contexts and specific focusses regarding particular resources, social groups, or geographic locations. Finally, the effectivity of the interviews with citizens to give them a voice in the planning process as a step towards more involvement should be tested in practice.

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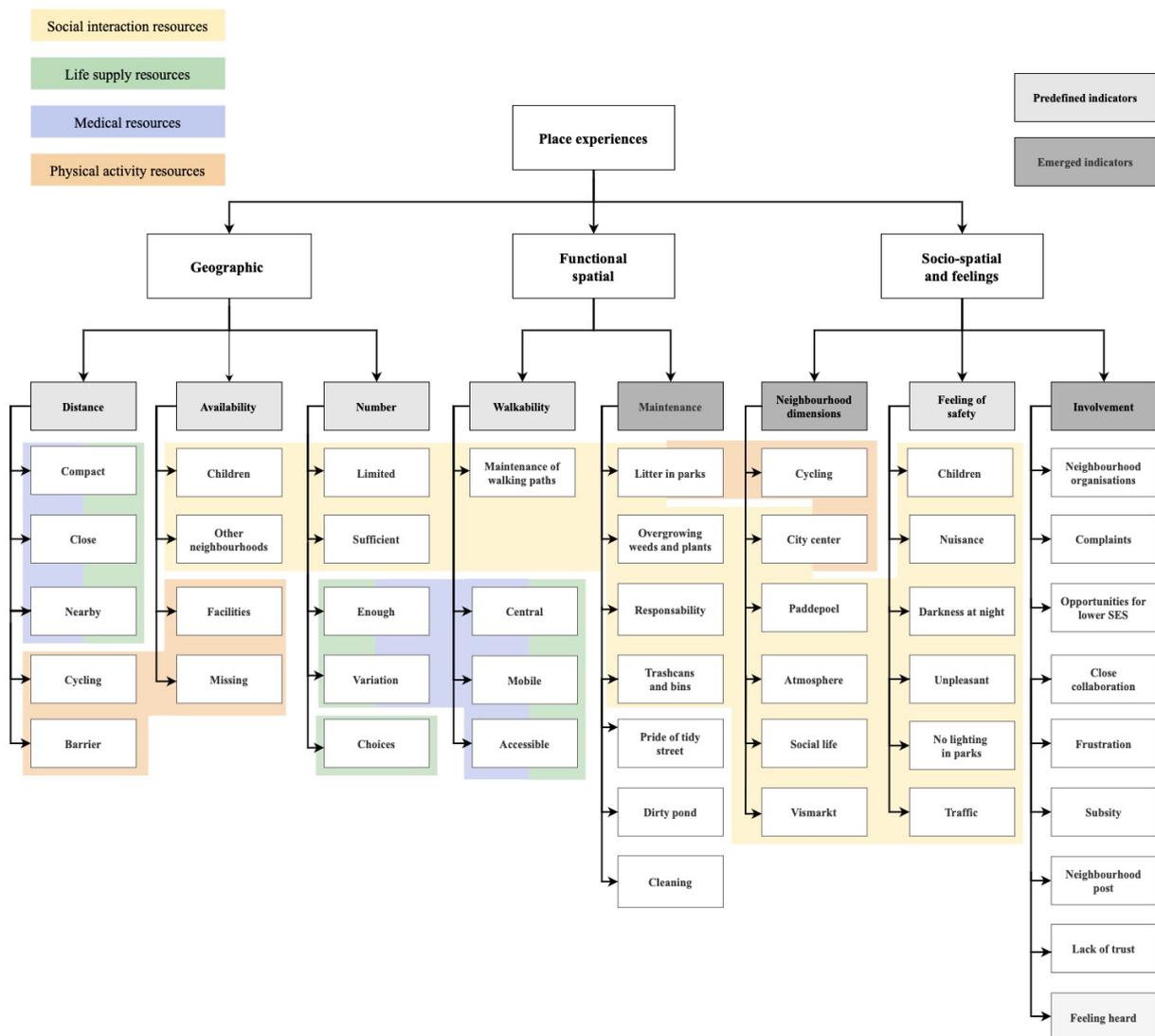
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Appendices

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Figure 1: Themes and their indicators and codes



Map 1: Selwerd and its health-related resources

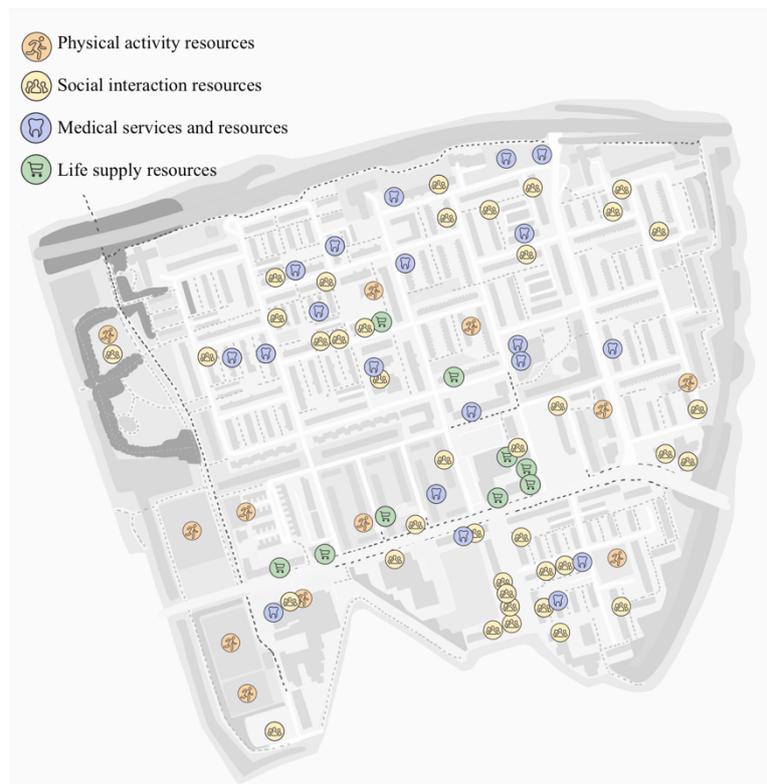


Table 1: Code book: Geographic theme

| Geographic | HRR | Low SES | Average SES | High SES | Code |
|---------------------|------------|--|---|---|--|
| <i>Availability</i> | SI | L1: No social interaction facilities for women, the one café is unpleasant Organized event for children and elderly but not for the rest Women in multicultural families lack social interaction which hinders integration | A1: Neighbourhood Restaurant has a hard time due to the Corona crisis | H1: There is a café and a neighbourhood centre where many activities are organized Does not miss them, but looks for social interaction in the city centre where is a better atmosphere than in the neighbourhood bar Berk for activities for elderly | <i>Facilities, Children, Missing, Other neighbourhoods</i> |
| | PA | L1: Not present, apart from Zernike complex for students Walks dog in park Mention of outdoor fitness | A1: Sufficient options for sport halls and fields | | <i>Facilities, Missing,</i> |

| | | | | | |
|-----------------|-----------|---|--|--|--|
| | | park which did not come through Wishes a gym in Selwerd Mainly soccer clubs for men of a specific age L2: The park serves for training and working as a personal trainer I have played at two soccer clubs in Selwerd | | | |
| | LS | L1: I visit Paddepoel for the Hema and drugstores | A1: Sufficient and enough variation | | <i>Facilities</i> |
| <i>Number</i> | SI | L1: Only 1 park near by Only 1 café in Selwerd, not for women | A1: Only 1 option for a bar, restaurant and café which I don't visit | H1: Limited number of cafes present | <i>Limited, Choices</i> |
| | PA | L1: Only one park | A1: Sufficient sport fields and clubs | | <i>Limited, Choices, Sufficient, Enough, Options</i> |
| | LS | L1: The variation in supermarkets is nice and good for all SES | A1: There are many supermarkets and foreign stores | H1: The variety in supermarkets shows the multiculturalism | <i>Variation, Facilities</i> |
| | MS | | A1: Two doctors and a pharmacy | H1: My doctor is elsewhere but there are enough doctors | <i>Enough, Choices, Facilities</i> |
| <i>Distance</i> | PA | L1: Having to cycle to the city centre for a gym is a barrier for physical activity | | H1: Within 15 minutes in the grasslands for running A basketball field nearby | <i>Nearby, Facilities, Cycling, Barrier</i> |
| | MS | L1: Es is central in the neighbourhood | A1: Two doctor's posts and a pharmacy next to each other | H1: All very close by | <i>Close, Central, Nearby</i> |
| | | L1: Everything is very close Bus stops are gone which the less mobile miss | | H1: Within 20 minutes I am in on the Vismarkt by bike Selwerd is very compact | <i>Compact, Close, Cycling</i> |

Table 2: Code book: Socio-spatial and feelings theme

| Socio-spatial and feelings | <i>HRR</i> | <i>Low SES</i> | <i>Average SES</i> | <i>High SES</i> | <i>Codes</i> |
|-----------------------------------|------------|--|--|---|---|
| <i>Feeling of safety</i> | SI | L1: Types of men in café give unsafe feeling Park has no lighting Bike paths do, but walking paths do not which gives unsafe feeling Women feel unsafe at dark | A1: The park is grim at night and during winter Vensterschool is located at a busy crossing, my children are not allowed to cross Park has not lighting Dark corners give an unpleasant feeling but I am not affected that much | H1: Can understand others might feel unsafe in the park, but I am unbothered by this myself I would walk with my old neighbor is she were to go out at night alone | <i>No lighting in park, Traffic, Darkness at night, Unpleasant</i> |
| | PA | | A1: The sport fields are grim at night and during the winter | | <i>Unpleasant, Darkness at night</i> |
| | LS | | | Large contrast with Vinkhuizen and Beijum where there is a lot more nuisance | <i>Nuisance</i> |
| | | L1: Not pleasant in the whole neighbourhood Along the ringway, there is a dark corner by the Duindoornflat Incidents of nuisance at the Bottelroosstraat Destroyed cars, open fires and broken windows by kids No municipal control and nuisance for pedestrians | A1: Feels safe at the shopping square Safe cycling path towards Zernike | H1: Cars speed too much through the Maluslaan towards the Elsenlaan, where many children play I do not feel unsafe for myself but rather for others | <i>Nuisance, Children, Traffic, No lighting in park, Unpleasant</i> |
| <i>Citizen involvement</i> | SI | L1: Development opportunities in Duindoorn restaurant are not sufficiently realised Does not feel connected to Selwerd | | H1: There are work and development opportunities for people with language and social difficulties Close collaboration with | <i>Opportunities for lower SES, close collaboration</i> |

| | | | | | |
|---------------------------------|----|--|---|--|---|
| | | | | De Berk for elderly | |
| | LS | L1: The dinner subscription project of Duindoorn had potential but is not realised | | | <i>Opportunities for lower SES, Neighbourhood organisation</i> |
| | | L1: The council hours are planned at inconvenient times Input from residents is not incorporated in plans A lot of frustration and mistrust towards neighbourhood organisation and municipality among neighbours People wonder where all the subsidy money goes | A1: The current development project is taking good measures to increase accessibility for all citizens of Selwerd | H1: Selwerd has the largest neighbourhood organisation of the country There is a lot of collaboration There is a neighbourhood post where complaints are always taken care of I am asked about my safety and isolation but I am not representable for Selwerd | <i>Neighbourhood organisations, Complaints, Frustration, Lack of trust, Subsidy, Neighbourhood post</i> |
| <i>Neighbourhood dimensions</i> | SI | L1: A lack of cafes for women L2: City centre has better cafes and atmosphere | | H1: The atmosphere is much better in the city centre Social life in the city centre is much better | <i>Atmosphere, City centre, Social life</i> |
| | PA | L2: The city centre and grasslands are very accessible for all sport activities | | H1: Within 15 I can be in the grasslands for running | <i>City Centre</i> |
| | LS | L1: The city center is far Paddepoel and its shops are close and easily accessible | A1: Selwerd has all the shops that I need and a variety in grocery shops | H1: Shopping and such is for the city centre, and still very close by Paddepoel is a few minutes away by bike and has many more facilities | <i>Close, Facilities, City centre, Variety, cycling, Paddepoel</i> |
| | MS | L1: Still go to my former doctor and dentist outside of Selwerd | | H1: My doctor is located in another part of town and I never switched | |
| | | L1: Refers to (the lack of) resources | A1: Refers to resources within Selwerd by default | H1: Often refers to resources outside of | <i>Facilities</i> |

| | | | | | |
|--|--|---|--|--------------------|--|
| | | within Selwerd by default L2: refers to resources outside Selwerd by default Selwerd is just where my house happens to be | | Selwerd by default | |
|--|--|---|--|--------------------|--|

Table 3: Code book: Functional-spatial theme

| Functional spatial | HRR | Low SES | Average SES | High SES | Codes |
|---------------------------|------------|---|---|---|--|
| <i>Walkability</i> | SI | L1: Centrally located Walking paths in the park are not in good shape for walking | A1: Walking paths not very walkable due to litter | | <i>Central, Maintenance of walking paths</i> |
| | | | A1: I am very mobile which makes everything very walkable | H1: Everything in Selwerd is walkable | <i>Mobile, Accessible, Mobile</i> |
| <i>Maintenance</i> | SI | L1: Overgrowing plants in the park make the paths less walkable, especially for dogs Not enough bins in the park | A1: Litter needs to be cleaned up and prevented to make walking paths accessible Safety is more than just an issue of lighting Also the sidewalks and playgrounds need better maintenance | The public gardens are well maintained by the municipality The pond is filled with litter and should be cleaned | <i>Litter in parks, Overgrowing weeds and plants, Dirty pond, Trashcans and bins, Responsibility</i> |
| | PA | Ditto | Ditto | | |
| | | | A1: The municipality should dedicate more of its budget to keeping the neighbourhood clean | H1: People should work together more to keep streets and porches clean, a clean street makes its neighbours proud (Lijstebusstraat) – the broken window syndrome does the opposite | <i>Collaboration, Cleaning, Pride of tidy street, Cleaning, Responsibility</i> |

Table 4: Respondent details

| <i>SES</i> | <i>Respondent (pseudo)name</i> | <i>Age group</i> | <i>Perceived SES</i> | <i>Level of education</i> |
|----------------|--------------------------------|------------------|----------------------|---------------------------------------|
| <i>Low</i> | Lara | 25-34 | Lower than average | VMBO and MBO1 3, HAVO, VWO and MBO2-4 |
| <i>Low</i> | Leo | 25-34 | Around the average | VMBO and MBO1 3, HAVO, VWO and MBO2-4 |
| <i>Average</i> | Ali | 35-44 | Around the average | HBO, WO bachelor |
| <i>High</i> | Henry | >60 | Higher than average | HBO and WO master or doctor |

Document 1: Interview guide

Interview gids – Semigestructureerde interviews

Datum en tijd ___-___-_____

Interviewer: Louise Struwe

0. Voorbereiding

- Opname materiaal gereed
- Laptop opgeladen

1. Introductie en geïnformeerde toestemming (5 min)

Allereerst bedankt voor het deelnemen aan dit interview, het zal mij helpen in het onderzoek dat ik doe voor mijn bachelor scriptie. Het interview zal ongeveer 15 tot 20 minuten duren. Met de hulp van de ervaringen die u wilt delen in ons gesprek, hoop ik de ervaren toegang van inwoners van Selwerd tot gezondheid gerelateerde voorzieningen in uw wijk te meten. Door het vergelijken van de ervaringen van verschillende sociaaleconomische groepen, wil ik inzicht krijgen in de oorzaken en beperkingen die een rol spelen bij de ervaren toegankelijkheid van bepaalde voorzieningen.

Uiteindelijk hoop ik de resultaten te vertalen naar bruikbare lessen die planologen kunnen helpen bij het maken van wijken met meer gezondheidsgelijkheid. Voor deze laatste stap zal ik uw ervaringen bespreken met planologen om deskundige conclusies te kunnen trekken over wat deze potentiële lessen kunnen zijn.

Aan het einde van dit interview zal u nog een heel korte vragenlijst ontvangen met drie multiple-choice vragen.

Voor we beginnen: Het zou mijn enorm helpen als ik dit interview kan opnemen, bent u daar oké mee?

.....

Start recorder

Dank u wel, kunt u nog een keer bevestigen dat u akkoord bent dat dit interview wordt opgenomen en dat u het privacy beleid document heeft gelezen en daarmee akkoord gaat?

.....

Dan wil ik u graag nog informeren dat alle data uit dit onderzoek anoniem gehouden zal worden. Het zal niet voor andere doeleinden worden gebruikt en uw letterlijke woorden worden niet gebruikt voor u daar toestemming voor heeft gegeven. U heeft ten alle tijden het recht zich te onttrekken uit het interview en uw bijdrage terug te trekken.

2. Vragen en thema's (15 min)

Tijdens het interview zal ik refereren naar vier categorieën van gezondheid gerelateerde voorzieningen. Deze zijn: levensmiddelenvoorzieningen zoals supermarketen en gezondheidswinkels; fysieke activiteit voorzieningen zoals sport faciliteiten en parken; sociale interactie voorzieningen zoals cafés en buurthuizen; en medische voorzieningen zoals de tandarts en huisartsenpost.

Maar u bent verder vrij om deze categorieën in te vullen naar uw ervaringen en kunt de voorzieningen ook benoemen bij naam of functie.

Vragen: focus op

- Indicatoren afstand, beschikbaarheid, aantal, gevoel van veiligheid en beloopbaarheid
 - Follow-up vragen over opkomende themas en onderwerpen
-
- Kunt u mij alstublieft wat vertellen over de mate waarin u twee of meer van de benoemde categorieën als bereikbaar ervaart in uw wijk?
 - Wat kunt u mij vertellen over uw mate van tevredenheid met betrekking tot de beschikbaarheid en het aantal van deze voorzieningen in u wijk?
 - Kunt u mij alstublieft een of meerdere voorbeelden geven van een gezondheid gerelateerde voorziening in u wijk die u als goed bereikbaar ervaart?
 - Hoe is uw gevoel van veiligheid, de beloopbaarheid en de afstand tot deze voorzieningen van invloed in deze positieve ervaring van hun beschikbaarheid?
 - Kunt u mij een of meerdere voorbeelden geven van een gezondheid gerelateerde voorziening in u wijk die u als onbereikbaar ervaart?
 - Hoe is uw gevoel van veiligheid, de beloopbaarheid en de afstand tot deze voorzieningen van invloed in deze negatieve ervaring van hun beschikbaarheid?
 - In hoeverre denkt u dat uw sociaal economische status van invloed is op uw ervaren toegang tot gezondheid gerelateerde voorzieningen in uw wijk?
 - Wat verwacht u van de Gemeente Groningen om zich in te zetten om ervaren toegang in uw wijk te verbeteren voor lagere sociaal economische groepen en deze meer gelijk te maken?

3. Afsluiten (5 min)

Nogmaals, bedankt voor uw tijd en deelname.

Heeft u nog vragen of opmerkingen met betrekking tot het interview of het onderzoek in het algemeen?

Dan stuur ik u in een email nog een heel korte checklist toe die ik u vraag te beantwoorden. Dit zullen slechts drie multiple choice vragen zijn en zal niet langer hoeven duren dan 1 minuut.

.....

Met de bijdrage van uw ervaringen gedeeld in dit interview zal ik in staat zijn om de ervaringen van bewoners van Selwerd met betrekking tot gezondheid gerelateerde voorzieningen te vergelijken. Vervolgens zal ik met behulp van bestaande literatuur en discussies met planologen concrete suggesties formuleren die de gemeente kan gebruiken bij het maken van gezondheidsgelijke wijken.

Wilt u graag een transcript van uw interview ontvangen of op de hoogte blijven van het onderzoek?

Selecteer alstublieft uw leeftijdscategorie:

- A. 18 - 24
- B. 25 - 34
- C. 35 - 44

- D. 45 – 59
- E. 60 and older

Selecteer alstublieft uw hoogst behaalde onderwijs niveau:

- A. Primary education
- B. VMBO and MBO1 3. HAVO, VWO and MBO2-4
- C. HBO and WO bachelor
- D. HBO and WO master or doctor.
- E. None of the above

Uit welke economische klasse beschouwt u uzelf in relatie tot andere bewoners van Selwerd?:

- A. Onder het gemiddelde
- B. Rond het gemiddelde
- C. Boven het gemiddelde

Document 2: Privacy Policy

1. ONDERZOEKER

In korte online interviews zal Louise Struwe persoonlijke data verzamelen van inwoners van Selwerd voor het onderzoek van haar bachelor scriptie.

Dit Privacy Beleid document is bedoeld om de deelnemers te informeren over hoe hun data wordt verzameld, verwerkt en gebruikt, en hun rechten met betrekking tot deze data.

2. CONTACT GEGEVENS

Naam: Louise Struwe

Universiteit: Rijksuniversiteit Groningen

E-mailadres: l.struwe@student.rug.nl

3. VERZAMELING PERSOONLIJKE DATA

De interviews zullen ongeveer 15 tot 20 minuten duren en bestaan uit vragen over ervaringen van de deelnemers met betrekking tot bepaalde voorzieningen in Selwerd. Naast een aantal thema's zal er ruimte zijn voor onderwerpen die opkomen bij de deelnemers tijdens de interviews. Aan het begin van het interview zullen de deelnemers gevraagd worden om toestemming om de interviews op te nemen (enkel audio opname) om ze later te kunnen transcriberen. Na het transcriberen zullen de opnames meteen verwijderd worden. De verstrekte data zal ten alle tijden anoniem blijven en de namen van de deelnemers zullen niet genoemd worden in de resultaten of het uiteindelijke onderzoek. Ook zal alvorens quotes te gebruiken hiervoor toestemming gevraagd worden aan de deelnemer van de uitspraak.

4. BRONNEN VAN PERSOONLIJKE DATA

Alle data van de interviews zal verzameld worden tijdens een kort online interview die gehouden zal worden via een online bel service naar keuze van de deelnemer. De opties zijn: Whatsapp bellen, Skype, Google Hangouts, Zoom of gewoon over de mobiele telefoon. Mocht de laatste optie het geval zijn zullen de bel kosten zullen voor Louise Struwe gedekt worden. Dit houdt in dat zij de deelnemer zal bellen.

5. DE DOELEN EN LEGITIEME GROND VOOR DE DATA VERWERKING

De data wordt verzameld voor een scriptie onderzoek van Louise Struwe, studente aan de Rijksuniversiteit Groningen, van de Faculteit van Ruimtelijke Wetenschappen. De data zal anoniem blijven en er zullen geen identificeerbare resultaten worden gepubliceerd tijdens en na het onderzoek.

6. DATA BEHOUD

De rauwe data zal worden behouden voor de duur van het scriptie project (tot maximaal Juli 2021). De audio opnames van de interviews zal direct verwijderd worden na het transcriberen van de interviews.

7. ONTVANGERS PERSOONLIJKE DATA

Alleen Louise Struwe, als hoofdonderzoeker van dit onderzoek, zal toegang hebben tot de rauwe data.

8. RECHTEN VAN DE RESPONDENTEN

Recht op toegang

Louise Struwe biedt de respondenten de persoonlijke data die zij hebben vergeven aan, evenals de resultaten die volgen uit het onderzoek.

Recht op terugtrekken toestemming

De respondent heeft het recht om de toestemming om de vergeven data te gebruiken terug te trekken ten alle tijden van het onderzoek.

Recht op bezwaar

De respondent heeft het recht om bezwaar te maken als data voor andere doeleinden wordt gebruikt dan vooraf aangegeven.

Laatst geupdate: 17-04-2021