19th Annual Conference on Multi-Organisational Partnerships, Alliances and Networks, 2-4 july 2012, Wageningen University

Together for yourself

The development and implementation of a health-enhancing intervention within a network of organisations in a complex setting.

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Summary

As a rule, solving complex social problems involves several organisations with various backgrounds, interests and visions. Together, these organisations form networks that change constantly. The question is how such networks of organisations that collaborate in the context of a complex problem can create continuity and direction. This article presents the results of an empirical study into the nature and the course of cooperation in a network of organisations surrounding a complex innovation known as the "BeweegKuur", a lifestyle intervention project geared towards promoting healthy nutrition and sufficient exercise for people at risk of type 2 diabetes and people with weight problems. The study concentrates on the social processes within the steering group and between the steering group and the

larger setting. The central conclusion of the study with regard to the course of events and the interaction in BeweegKuur between 2007 and 2011 is that under the influence of social cohesion, which increases with intensive cooperation, organisations develop a growing commitment towards compromise. This can be explained by the fact that continued cooperation leads to respect and room for differences in connections, position and ambition, with an almost permanent external pressure also contributing to this social cohesion.

Introduction

In 2003, over 600,000 Dutch people were suffering from diabetes mellitus, 90% of which was type 2. Where diabetes mellitus used to occur predominantly in the elderly, this group is now largely made up of overweight young people. (Baan et al., 2009; Bemelmans, 2008; Poortvliet). The Ministry of Health, Welfare and Sports (VWS) seeks to control chronic diseases resulting from excessive weight by furthering the cohesion between prevention, cure and self-management (Geelhoed, 2010). Policy cornerstones are diabetes and obesity. Apart from furthering cohesion, the government wants to reduce health care costs with the help of preventive lifestyle interventions. One of the initiatives in this area is the development and dissemination of the so-called BeweegKuur, a combined lifestyle intervention (CLI) geared towards changing exercise and nutrition patterns (de Weerdt, Broeders, & Butselaar, 2008; VWS, 2008).

The development of BeweegKuur started in late 2007. The Netherlands Institute for Sport and Physical Activity (NISB) is the project leader and develops and implements the intervention in collaboration with the National Association for General Practitioners (LHV), the Dutch College of General Practitioners (NHG), the Dutch Association of Doctors' Assistants (NVDA), the Royal Dutch Society for Physical Therapy (KNGF), the Dutch Dietetic Association (NVD), the Netherlands Association of Sports Medicine (VSG), the National Association of Organised Primary Care (LVG), the Netherlands Diabetes Association (DVN) and the Netherlands Diabetes Federation (NDF). Together with client VWS, these organisations form a steering group with final responsibility for carrying out the BeweegKuur project.

BeweegKuur can be seen as an example of a complex (health) intervention involving a great many parties, and developed and implemented in a constantly changing social and political environment. BeweegKuur can also be regarded as a key innovation in the field of health care promotion and disease prevention. In this article, we report on an empirical study of the way in which the relationships between the various players involved in BeweegKuur in the 2007-2011 period gradually developed towards becoming a solid partnership. The research questions are:

How did the interaction process between the steering group members involved in BeweegKuur in the 2007-2011 period evolve? Which meanings emerged gradually about the BeweegKuur? What effect did this have on the development and dissemination of the BeweegKuur? And how can we understand these developments?

We start by drafting a theoretical framework that has in part shaped the empirical study, after which we discuss the study design, followed by the results. Finally, we present the conclusion and a discussion of the study's practical relevance.

Theoretical framework

The theoretical framework is described on the basis of three premises, namely that with a view to achieving certain ambitions, organisations can be understood as: 1) constantly changing networks (2) within which relevant contexts are constructed 3) that are made up of hubs and links.

1. Organisations as constantly changing networks

As early as the 1970s, Scharpf (1978) highlighted the fact that governments could no longer work without the cooperation of countless other organisations and institutions: policy processes, he wrote, develop a "network-like structure". Meanwhile, about forty years later, the notion that policy is formed through the push and shove of players involved in networks has become widely accepted. Today, networks are the best way of protecting and upholding interests or bringing about social change (Castells, 1997; 2007; 2009).

Organisations have become socially constructed realities and can be understood as chains of interactions in which people are linked to each another. As Stacey and Griffin say:

> "It is through these ordinary, everyday processes of relating that people in organizations cope with complexity and uncertainty of organizational life" (Stacey and Griffin, 2005, p. 3).

Organisations that work together – in the context of developing and implementing innovations, for example – gain experiences that lead to mutual perceptions and a specific way of dealing with each another. Individual and social processes interlock and are mixed in nature: they are based on internal and external conflict because of the urge to serve their own interests, on the one hand, and because of the solidarity that people build when they organise things together, on the other. Organisations learn to collaborate despite, and perhaps because of, differences. Players who collaborate in networks can perceive themselves as belonging to "our group", therefore distinguishing themselves from others, the "outsiders". Gradually, links are made between players within "our group" and they develop ambitions, perceptions, patterns and mechanisms that become visible through conversations and in writing (Elias, 1994). In the literature on chaos and complexity, these patterns are regarded as the result of self-organisation, shaped in chains of interaction (Coleman et al, 2007). Castells (2007) defines communication in such networks as the process of interactively constructing identity, content and results. Leeuwis & Aarts (2011) also see a key role for communication in the development of innovation:

> "We established that innovation is a collective process that involves the contextual reordering of relations in multiple social networks, and that such re-ordering cannot be usefully understood in terms of 'diffusing' ready-made innovations. Hence we concluded that we need to think about communication as playing a role in innovation development and design". (p. 29)

Conflicts, negotiations and cooperation are always the preliminary result of the collective debate about what is happening and its implications for mutual relations. A willingness to compromise is a strong structuring factor here (Blumer, 1954).

In summary, the premise describes: approaching organisations as networks, a social world built of endlessly progressing processes without a fixed result. These processes are characterised by the interaction between ambitions, mutual relations and what happens around them (Aarts, 2009). The more intensive the cooperation between those involved and the stronger the relationships built, the more they appear to be willing to compromise with regard to what is happening and how to deal with that. The first sub-question therefore is:

How does the willingness to compromise become visible in the ambitions emerging from interactions and how can we understand the process whereby these compromises are actually reached?

2. Actively constructing contexts

In his actor-network theory, Latour (1987) identifies two phenomena that play a part in the construction of a decision in a discussion. Patterns and mechanisms that characterise the mutual relationships in the network and the relationships between the network and the setting come about as a result of habits, trends and unwritten rules that people gradually develop in interactions. Objects, texts, formal rules and values also play a part. The consequences of change are concretised in conversations by relating them both to people's behaviour and to products. A network survives by constantly adjusting the interpretation of these phenomena according to what happens around it. This process is known as contextualisation. In *"Aramis or the Love of Technology*" (1996), Latour illustrates this premise by describing how a network of organisations develops a new, automated transport system for trains in Paris called "Aramis". As the process evolves, "Aramis" because so self-evident that the project has significance in itself and the discussions about it can be closed. "Aramis" thus becomes a *black box* that functions as a strong hub in the network. In Latour's actor-network theory, objects such as Aramis create key patterns and mechanisms in the process. People come and go but the objects create a collective benchmark that is needed to shape the innovation. According to Latour, contexts are constructed at the same time as interventions. He argues that the success of a project does not depend so much on the (given) context of a project as on the capacity of the actors to interpret an innovation, to give it meaning and to construct a context for it. This does not work if people are not

prepared to compromise:

> "The only way to increase project's reality is to compromise, to accept socio technological compromises. The good scrabble player is not the one who uses permutations to get terrific words on his rack, but the one who succeeds in making good placements on the board, even if the words are shorter and less impressive", (Latour, 1996, p.99).

Latour's theory says that contexts, just like people, have connective capacity and give meaning to cooperation. Latour describes how compromises become concrete in contextualisation for those aspects of an intervention that are relevant to those involved. Gladwell says that the *stickiness* of an intervention is a key to the success of its dissemination; the idea or the approach must always stay in people's mind and so contribute to conversations about it or its dissemination (Gladwell, 2000). Phenomena such as contextualisation and *stickiness* may also be applied to the BeweegKuur. This leads us to the second sub-question:

Which contexts do players in the BeweegKuur construct and what effect does this have on the cooperation in the steering group?

3. Links and hubs in a network

A network is seen as a collection of people who, through social interactions, try to uphold a certain definition of a situation by highlighting certain information and hiding other information (Goffman, 1990, p. 108). The interactions in the network result in patterns of coalitions, controlled by mechanisms such as attracting and repelling. For their part, the links and the hubs in a network impact the contextualisations of the definitions of the situation. In networks with strong links, people have gradually started thinking and talking in the same way and the agreement about the definition of the situation in which they are is profound. Ford (1999) speaks of interpretative communities:

> "It is possible to consider organizations as networks constituted in and by conversations. Accordingly, producing and managing change involve shifting that

> network of conversations by intentionally bringing into existence and sustaining "new'' conversations while completing (and removing) current conversations", (1999, p.496).

Networks cluster around a limited number of close links of organisations. If the number of links in a hub increases exponentially, the number of links that are outside it will also grow at an enormous rate (Barabasi, 2002). A development such as this points to a transition of the network towards what sociologists call a *community* and mathematicians a *giant*:

> "The network, after placing a critical number of links, drastically changes. *Before*, we have a bunch of tin isolated clusters of nodes, disparate groups of people that communicate only within the clusters. *After*, we have a giant cluster, joined by almost everybody", (p.118).

Both close and distant links are important for effectively disseminating behavioural change (Christakis and Fowler, 2008). Gladwell (2000) stresses that some people with specific competences and/or specific positions have a greater role in disseminating innovations than others. He distinguished between *connectors*, *mavens* and *salesme*n. *Connectors* are important because they know a lot of people from different worlds, subcultures and niches, and know how to link them effectively, which is crucial for disseminating ideas and innovations. Organisations can function as *connectors*. The positioning of organisations as hubs in a network is relative and changeable because in every new interaction, the competences and the position of an organisation gain new significance (Goffman, 1990). Boutellier (2011) says that "institutions" such as health care, education and government have the capacity for gravity and verticality, which means that their networks are transient and less fluid. In connection with this, Castells (2007) stresses that the impact of institutions is linked to two crucial mechanisms; the possibility of programming networks' goals and linking different networks with more or less the same goals.

In short, both the strength of the links and the impact of hubs in a network differ and are constantly subject to change. Loosely-knit links are important for disseminating innovations and tightly-knit links are important for forming interpretative communities

(Granovetter, 1983). Strong hubs influence the relationships and the constructing of context. The third and fourth sub-questions therefore read:

What is the nature of the links and the hubs in the BeweegKuur steering group as they emerge throughout the cooperation and how do they relate to the network?

Study design

This study of the dynamics in the cooperation in a network using a reconstruction of events in relation to the BeweegKuur between 2007 and 2011 is exploratory in nature. No theories or hypotheses are examined. An interpretative approach with the case study (Flyvbjerg, 2006; Yanow, 2006) as research method has been chosen to understand how cooperation in the network functions. An interpretative approach implies that we live in a world in which various people can have different perspectives and interpretations of the same phenomenon. This is an in-depth study of the significance of ambitions, the links, the contextualisations and the compromises that develop through interaction in the steering group and with the environment for the development and dissemination of the BeweegKuur in a period between 2007 and 2011. Flyvbjerg (2001) argues: "*practical rationality and judgment evolve and operate primarily by virtue of deep-going cases experiences*", (p.135). We use the case study to gain insight into a complex cooperation. This is a single case in which 108 documents were successively analysed, a number of group discussions took place and eleven semi-structured interviews were held. These interviews were transcribed and then, in various rounds, coded. The findings of this coding were then interpreted to establish patterns and mechanisms. See table 1 for an overview of the data collection, the methods and the research procedure.

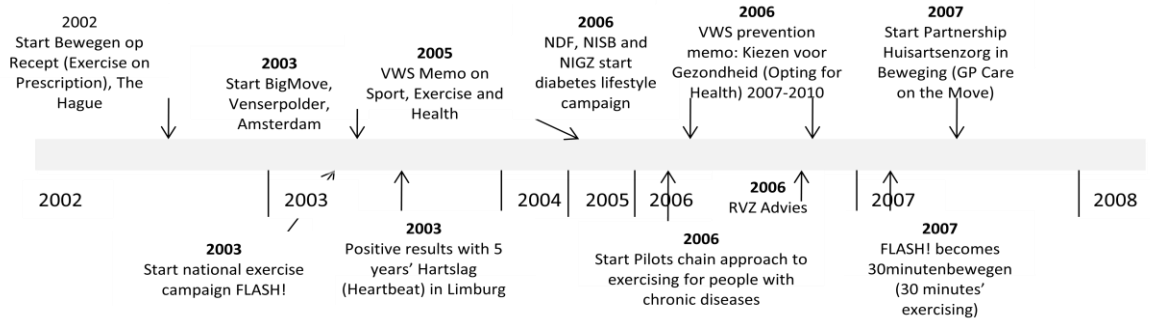
This study is limited to the strategic top of the BeweegKuur; regional and local partners and users of the BeweegKuur will be involved in a follow-up study.

Findings

The story of the BeweegKuur between 2007-2011 can be described in four periods: a prologue (to 2007), two main episodes (September 2007 - 2009) and an epilogue (2010). A timeline has been assembled for each period showing the events that were crucial for the direction in which the BeweegKuur developed during this period, including the ambitions of and the relationships between the organisations involved.

Prologue: The time is ripe for an exercise protocol (to 2007)

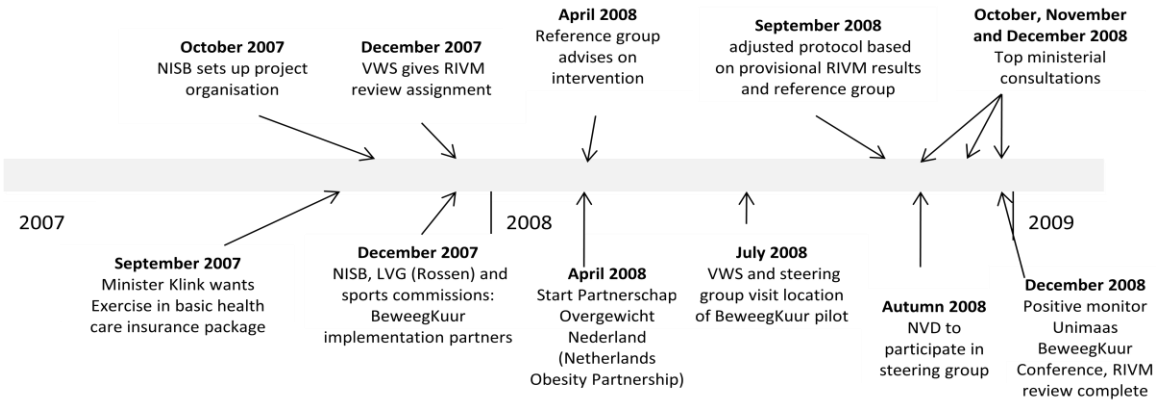
Figure 1: Key events concerning the BeweegKuur up to 2007



Since the start of the new millennium, the number of ambitions geared to promoting an active lifestyle in the Netherlands has increased. Examples include "Bewegen op Recept" (2002) (Exercising on Prescription), "BigMove" (2003), and "Van Klacht naar Kracht" (2007), (From Complaint to Strength). Policy formulation in this field has also increased at the Ministry of Health, Welfare and Sports (VWS), as evidenced in the memos: "Sport, Bewegen en Gezondheid" (Sports, Exercise and Health) in 2002 and "Kiezen voor gezond leven", (Opting for a Healthy Life), in 2006. Most BeweegKuur partners meet up when developing a sports offering for people with chronic diseases and in the "Huisartsenzorg in Beweging", the GP Care on the Move partnership that was set up on 17 July 2007. This partnership formed the starting point for the later steering group of the BeweegKuur. We see in the field of health promotion a growing but fragmented number of ambitions with exercising as health-enhancing intervention. Bit by bit, the interaction and the link between the separate organisations got underway.

Episode 1: Investigation of the underpinning of the cost effectiveness of the protocol (September 2007 to autumn 2008)

Figure 2: Key events around the BeweegKuur from September 2007 to autumn 2008



The first episode of the story starts in 2007 with a consultation between NISB and the Ministry of VWS about the ambition of enabling an exercise intervention that meets the requirements for inclusion in the basic health insurance package and that can be realised within the period of office of the Balkenende IV government. Existing interventions form the inspiration for a new exercise protocol. A project leader started setting up a project structure in October, including a steering group with responsibility for the entire project. In December, the National Association of Organised Primary Care (LVG) and sports commissions (sportraden) joined with a view to future implementation of what by late 2007 the parties involved termed the "BeweegKuur". The partnership GPs on the Move got involved and some of its members were invited to join the steering group. In early 2008, the then Minister for VWS, Klink, gave the signal to start developing a definitive protocol. All organisations involved had specific ideas about and interests in a protocol like this, and, for the time being, they certainly did not follow the same view. LVG said about this:

"There are parts where institutions' interests meet, simply because formally this often diverges but because you are talking to the right people you can get quite far", (R4)

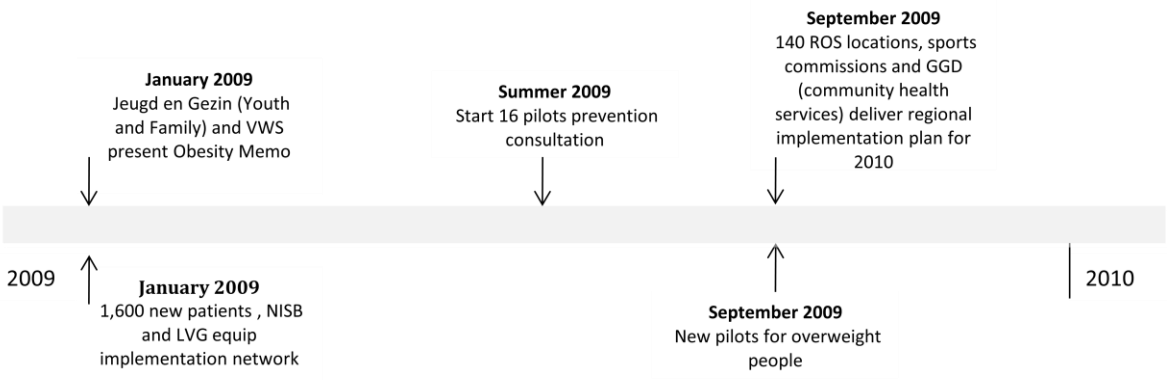
VWS wanted to have rapid access to the cost effectiveness of the protocol and so accelerate its inclusion in the basic package. GPs and physiotherapists considered it essential that the interventions offer guarantees for health effects. The implementation parties in the steering

group wanted to rapidly expand the previously launched test pilots with a view to the intended national introduction, a key condition for introducing an exercise intervention in the basic health care package in 2011. A reference group was set up and given the remit to provide the project management with solicited and unsolicited advice concerning the scientific aspects of the programme and the relationship between research, public health, and care and policy. Prominent scientists and policy advisers also became involved, expounding on dilemmas that also play a part in the steering group. Partly under the influence of the discussions in the steering group and the various perceptions of the requirements for the protocol, VWS asked the National Institute for Public Health and the Environment (RIVM) to conduct a review study of "model simulations with cost effectiveness of advice on exercise and diet for type 2 diabetes". This initiative offered scope for working towards compromises by jointly defining a protocol, as well as offering sufficient support for starting the test pilots. The study, and the subsidy awarded for the BeweegKuur, served as a welcome collective ambition: to create some space and postpone negotiations about definitive choices and compromises in what was an uncomfortable and still rather tentative and chaotic collaboration.

This first episode shows that the collective interests of the players involved is the fact that there is an intervention at all. No agreement was reached at that point as to what the structure of an intervention would actually involve. There were as yet only few clearly defined links or hubs, people held their fire and waited. The results of the review study by the RIVM in the autumn of 2008 marked the start of a new period.

Episode 2: Network forming for rapid implementation (autumn 2008- late 2009)

Figure 3: Key events around the BeweegKuur from September 2008 to autumn 2009



The VWS research question for the RIVM concentrated on the costs and effects of supervising the national introduction of three intervention packages for people at risk of DM 2. The RIVM review concluded that for two intervention packages there was hard evidence for cost savings, up to 800 euros, and that evidence was lacking for the third and most expensive package. One explanation for this was sought in the lack of good trials above 800 euros. The RIVM advised extending the target group by adding overweight people and people with comorbidity to lend credibility to evidence for the cost effectiveness of the BK. The RIVM also advised emphasising the combination of nutrition and exercise because hard evidence of effect had been found for this combination. That was not the case for exercise on its own. At the end of 2008, three top consultations headed by the Director General of VWS were held between NISB, ZonMw (health research and development), the RIVM and advisers of the Health Care Insurance Board (CVZ). They discussed the RIVM study and the effectiveness and implementation of the BeweegKuur. A VWS party involved:

"There is an area of tension, with the Sport and the Health Care Insurance departments responsible for managing the insured package following the cost-effective line, and the Public Health Care department tending more towards the customised care line. That makes the discussion rather complicated. The original premise hasn't changed, rather it's been accentuated". (R11)

The top-level consultations did not manage to reconcile the two lines within the Ministry of VWS. After the discussions at the Ministry, the RIVM advice led to a compromise in the steering group about the protocol, which included a greater focus on nutrition and group

supervision. Research into the group with obesity and comorbidity was commissioned, thus postponing the indication for the highest-risk group. The steering group reached consensus on including the Dutch Dietetic Association (NVD) in the group. Although the RIVM advice moved the protocol *development* somewhat to the background, a divided attitude remained in evidence in the steering group. The physiotherapists and dieticians in the steering group considered the development of the care standard /development of the Netherlands Obesity Partnership (PON) as an ambition that can safeguard its interests. They used the RIVM advice to lend this perspective credibility and thus cast doubt on the prevention perspective concretised in the BeweegKuur, favouring "customised preventive care". The Ministry:

"Because of the connection with obesity, the care standard has gone through a development vis-à-vis PON. The care standard people think that the BeweegKuur rides roughshod over the care standard. That neurosis affects everyone who is concerned that there is no customised care because it has to be customised care ". (R11)

Where the specific ambitions of the care experts were given the leeway to contribute to protocol development at the start of the project, the implementation partners LVG and NISB took over control at this stage and the implementation programme was given priority. For the relaunch on the basis of the RIVM advice, external developments exacerbated the tension in the steering group about the priority perspective: prevention or "customised preventive care". The top-level consultations supported the attention of the implementation organisations for achieving national coverage and for cost effectiveness as normative in preference to the message of "customised preventive care" that PON championed and that was being propagated by some care organisations in the steering group. By this stage, the Ministry as commissioning body took care of consolidating the position of the implementation organisations. At that point, that had a positive effect on the support for the BeweegKuur in the steering group because it offered scope for a range of definitions and contextualisations regarding the intention of the BeweegKuur. The PON and the steering group continued to develop interventions, independently of each other. From January 2009, the implementation of the BeweegKuur was scaled up, and within a year the BeweegKuur was introduced in 150 regions.

New differences of opinion arose in the steering group leading to conflicts about the implementation approach. The experts (LHV, NHG, VSG, NVDA, NVD and KNGF and the Ministry) needed rationalisation and standardisation, while NISB and LVG, who were introducing the BeweegKuur, wanted to have the process set up through push and shove in the local networks. The speed of implementation and the major local differences became a subject of debate. LVG said about this:

"It can only take place locally. At the 150 locations where this is being done you lay a foundation, and there's no going back on that. You're going to get some chaos as there's no planned roll-out, it just happens. And we don't know what direction it's going to take, but that doesn't matter, it can't be turned back. As long as the local networks just drive it forward". (R4)

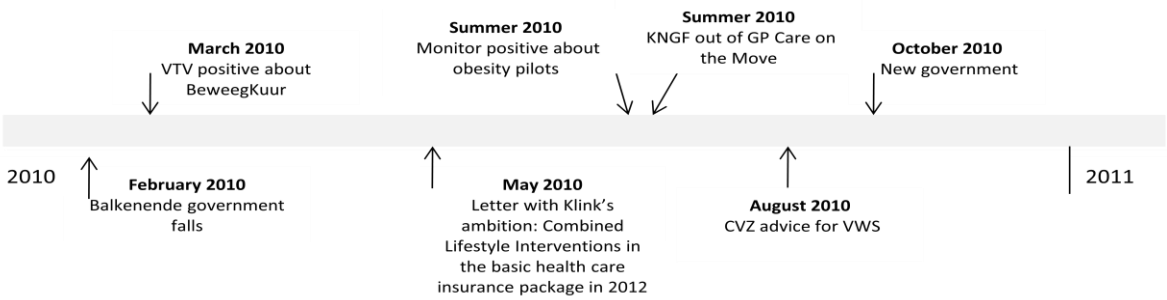
Differences in insight about what is happening and what the right arrangement is were gradually overcome by the BeweegKuur itself. Meanwhile, the BeweegKuur served as a collective benchmark for contextualisations, it was a concretised compromise within the steering group and in the communication with the environment. The continuity of the project was temporarily guaranteed because it offered scope for all issues: the perspective of "customised preventive care" and the issue of the local prevention approach. Both coalitions had representatives who got on well, needed each other and were closely connected both to the other partners in the network and those outside. The NISB was a strong hub between VWS and the broad network, supported by its strong binding position in the steering group. The GP was the gatekeeper for the BeweegKuur in the local network, making the Dutch College of General Practitioners (NHG) and the National Association for General Practitioners (LHV) another powerful hub in the entire network. It emerged from the interviews that the GPs took up a firm position in the steering group. The smaller participants such as the umbrella organisations of the doctors' assistants (NVDA) followed the GPs (LHV, NHG) in the debate, and the dieticians (NVD) looked towards the physiotherapists where their position was concerned. The local successes of partnerships in which GPs were already involved led to the NHG and LNV committing to the implementation strategy of the NISB and LHV. The NHG:

"85% of members say that they have some form of ongoing lifestyle intervention geared to exercise. BeweegKuur or BigMove or some such, although we might well wonder what people understand by this but I can't compare it to what they did four or five years ago. I think this is very high and hadn't expected it, you think that can hardly be true but apparently there's far more going on than we think". (R6)

As the implementation progressed, nationally more and more organisations got involved, events and achievements succeeded one another, the approach was a matter of practical concern and it grew by being implemented in the local networks, as process evaluations conducted by Maastricht University showed (Helmink et al., 2008, 2009, 2010). The steering group members liked to meet up and the atmosphere at the meetings was good, it was repeatedly said in interviews. The engagement grew and a point was reached where the entire steering group explicitly committed itself to the modus operandi, despite the still visible differences. There were countless possibilities for identifying with and contextualising the BeweegKuur, the scope for different local interpretations was large. In short, the analysis shows that at the end of the second stage, the BeweegKuur as object had progressively become a *black box*, a collective benchmark with a strongly connective meaning in the steering group as well as in the implementation network. Countless organisations had now become the "owners" of the BeweegKuur. The GPs and the NISB formed strong hubs in the broader network of the BeweegKuur and with their strong and multiple connections in the network, they appeared to have a vertical influence. The fall of the Balkenende IV cabinet in February 2010 heralded the beginning of a new episode:

Epilogue: 2010, Year of the truth And now what?

Figure 4: Key events concerning the BeweegKuur in 2010



Despite a positive passage about the BeweegKuur in The Dutch Public Health Status and Forecasts Report of March 2010, the fall of the Balkenende IV government ushered in a period of uncertainty. In May 2010, outgoing Minister Klink decided to postpone the inclusion of the BeweegKuur in the basic health care package until 2012. The future remained unclear after the formation of a new cabinet in October 2010. Under the pressure of circumstance threatening the BeweegKuur's very existence, the members of the steering group felt yet more involved with the BeweegKuur and with each other. The contrasts between the steering group members in favour of "customised preventive care" and those with a focus on cost effective prevention receded to the background. Together, they searched for ways of safeguarding intervention developments, the interviews reveal. Accumulation of external circumstances and events in 2010 (see figure 4 for an overview) led to the steering group adopting a collective position vis-à-vis the new Minister for VWS. Organised primary care (LVG) words this position as follows:

"The fact that you are shifting the entire prevention idea towards individual prevention because that's what people want opens up possibilities. An individual approach matches the care approach. Public campaigns no longer fit in the public domain, because people want customised care. (...) The only structure at that level is the structure that comes from Sports and Welfare and the home-care services, which have got people on their books. So it's not strange that these two domains should blend. You now focus the care infrastructure and what used to be a collective thought on individuals. The structure of public health care no long fits". (R4)

On the basis of the interviews, we can ascertain that the external pressure on the steering group, caused by the instable political context and the great uncertainty about the perspective of the BeweegKuur, contributed to the mutual feeling of commitment in the

steering group. As it moved on, the BeweegKuur, as an object of concrete and diverging contextualisations, has become a strong hub in the network, with a binding capacity towards which the individual participants with their ambitions and interactions are moving. That way, the BeweegKuur provides structure, a firm footing and continuity in chaotic and uncertain times, thus guaranteeing its right to exist for the time being.

Conclusion

The central conclusion of the study with regard to the course of events and the interaction concerning BeweegKuur between 2007 and 2011 is that under the influence of social cohesion, which increases with intensive collaboration, organisations develop a growing commitment towards compromise. When cooperation is achieved and continued, respect and room for differences in position and ambition are also created, and a virtually permanent external pressure contributes to a growing social cohesion. Initially an idea, later an increasingly more concrete intervention, the BeweegKuur has a special significance here. Ambitions, compromises, links and respect for the differences inherent therein are all enabled with the BeweegKuur. In the network, the BeweegKuur is regarded as a major hub with the most links, and the process has evolved into a *black box*. The study shows that these processes mesh with and reinforce each another. Our conclusions are consistent with the plea by Bal (2012) for time and space in public health care for co-creation between practice, policy and research to tackle problems and develop relevant knowledge using sustainable links.

To gain a better understanding of the way in which our observations and interpretations have led to this conclusion, we are discussing our observations and interpretations on the basis of the sub-questions that have in part shaped this research into the nature and the progress of the interaction between players involved and the significance and effects that gradually came about in communication relating to the BeweegKuur.

1. How does the willingness to compromise become visible in the ambitions emerging from interactions and how can we interpret the results?

As the social construction process around the BeweegKuur progressed, the cooperation between the various players in the network came into being and was intensified. The

prevention perspective and the cost effectiveness as reasons for an intervention such as the BeweegKuur and intensive cooperation towards a collective result were new for the players, as was the ever present time constraint. At first, communication and cooperation were chaotic and somewhat tentative. This unfamiliarity needed time and space so that the steering group members could reflect on old, more trusted positions. Negotiations and decisions about the consequences of various perspectives on how the BeweegKuur should be organised were postponed for the first year. The space this freed up was the result of a request from VWS to RIVM to conduct a review study. This space was also used for a successful first implementation round of the BeweegKuur. The warm reception at local level, in the second episode in the "own circle", built trust within the steering group and made it pleasurable to work together. Here we recognise a development towards *commitment* by collectively implementing an innovation, as Rogers describes (1995). Changes around the BeweegKuur led to intensive communication about the effects of changing circumstances on the relationships within the steering group and between the steering group and its environment. This confirms the crucial role that communication plays in innovations, as described in the literature (Van Woerkum & Aarts, 2002; Leeuwis & Aarts, 2011). The willingness to compromise then increases, in the case of the BeweegKuur with regard to 1) the RIVM review study, 2) the deployment of the BeweegKuur, 3) suspending the heaviest intervention category, 4) the attention paid to nutrition in the intervention, 5) the implementation strategy for the BeweegKuur, 6) the enlargement of the steering group, and 7) the unanimous position under the influence of the changing political situation in the final episode. Incidentally, compromises were not reached in all cases. For example, no agreement was reached on the relationship with the care standard for overweight, and the network of the PON was not linked to the BeweegKuur. The steering group members from the care field continue to operate both in the PON and in the steering group. The suspension of the heaviest group in the protocol was accepted, also by groups that initially had difficulty with it; they kept alternatives open so that they would still be able to do what they thought best. Not all organisations appeared to be equally able to create room for compromise; the gravity of the hub that they form and the strength of the links play a significant role. We will return to that subject when responding to the third sub-question. Initially, the steering group players defined the environment in which the BeweegKuur was developed as diffuse, and later, under the

influence of political developments, as uncertain and threatening. This contributed to the acceptance of the mutual dependency of players in the network, to the extent that differences were seen as less urgent. Players could respect each other's dignity and achieve a constructive cooperation without always agreeing about everything.
In short, as the players' identification with the BeweegKuur grew, so did the bond and the room for compromise and acceptance of shifting power positions in the network. Because various interpretations under the common denominator BeweegKuur were able to co-exist, mutual differences in ambitions and links were accepted.

2. Which contexts do players in the BeweegKuur construct and what effect does that have on cooperation in the steering group?
As concluded above, the various contextualisations would seem to allow differences in ambition and links, but there is more. Contexts are created around innovative ideas with the aim of ending the discussion and taking a decision about how to proceed, first of all between the cooperating players and after that with others (Latour, 1987). In the case of the BeweegKuur, that is evident and visible. As time went by, the idea and the elaboration of the BeweegKuur became a collective benchmark, necessary to move innovation forward (Latour, 1996). The BeweegKuur has become a *black box* that can be deployed by players with different backgrounds and objectives. The BeweegKuur is a source of identification for people involved at all levels, and a relevant idea in which to integrate their own values, interests and competences. In other words, the various contextualisations of the BeweegKuur were recognised and accepted. Castells (2009) stresses that in such networks, communication contributes to interactive identity development, collective content and results. The importance of communication is reflected in the development of the BeweegKuur, both in the steering group and in the local networks where the pilots were conducted. This is very much in line with what Latour (1986) emphasises: the success of a project does not depend so much on its context as on the capacity to interpret the innovation and lend it significance in the context.

3. What is the nature of the links and the hubs in the BeweegKuur steering group as they emerged throughout the cooperation and what consequences does this have for the network's impact?

The BeweegKuur was easily concretised in various contexts because it was easy to adjust to the meanings of the parties involved, both vertically (national, regional and local) and horizontally (local demand). The binding capacity of the BeweegKuur, the *sticky* factor (Gladwell, 2000), became concrete through *top-down* and *bottom-up* communication, indispensable for creating a network with national coverage in a short space of time. As an object, the BeweegKuur has become a central and massive hub with the largest number of links in the network. This source of identification and connection makes what Boutellier (2010) calls the capacity for the gravity and verticality in a network visible and what Granovetter (1983) describes as a condition for the dissemination of innovations on a large scale, referred to by as transitions by Barabasi (2002). Christakis & Fowler (2008) stress the significance of links close by and far off for effectively communicating a behavioural change. NISB and LVG were able to link two large networks, in care and in the world of sport. Countless bridges were built along the many light links, which was how an extensive implementation network was built in a short space of time. As the process went on, the GPs, the Ministry of VWS and the LVG became the accepted major hubs in the network alongside the NISB. This made the complex equation workable and created continuity, not because these players were by definition more powerful but because their relationship with the other hubs enabled them to give direction to these links (see also Castells, 2007). In addition to the strong hubs in the steering group, there are weak and loosely connected hubs such as doctors' assistants and sports physicians. The first group operates in the slipstream of the GPs. At first, the position of the sports doctors was firm but as time went by it became weaker because the package intended for the heaviest risk group was not given an indication. Whether or not the BeweegKuur will acquire continuity over time through national, regional and local networks cannot be said with certainty, though it is clear that up to now, the project has created sufficient mass not to be discarded just like that.

Relevance for innovation managers

We seem to be increasingly living in a world in which everyone and everything is linked and is changing constantly under the influence of unpredictable developments. There is a growing understanding in science, policy and in the practice of health care that instrumental and linear approaches have little effect. Designing cooperation from a network perspective

helps develop greater sensitivity towards ambitions, relationships and processes in collaborating on innovation. This demands a type of management that creates space for recognising dependencies, for recognising and accepting differences without losing sight of the need to cooperate. That goes hand in hand with doubts and uncertainties, with tension and ambiguity, and with results and disappointments, which requires the resilience to cope with unforeseen circumstances. Organising and maintaining communication is the only way in which interested parties can remain involved and is thus the very essence of effectively managing a network of players working towards complex innovation in a constantly changing setting.

Based on strategic communication, managers can organise discussions in the network, which encourages the formation of various links in the network, which is necessary to give meaning to the cooperation. In addition to their own ambition, the ambitions of others and the interrelationships are key issues that need to be addressed in discussions on what is happening and where it should be going. Only if others' ambitions are recognised can compromises be developed that lead to new opportunities with which multiple players can identify, which is essential for each innovation. In short, the idea that different opinions about how things are going may exist side by side is an important insight that substantially enlarges the room for compromise in cooperation. Only then can the intervention become a *black box* and become a source of identification for all kinds of stakeholders at all levels that shapes itself easily to narratives and meanings in different contexts. Together for yourself.

Table 1. Overview of data collection, methods and research procedure.

Data type	Method	Result
1. Document research and document analysis	108 documents[1] were analysed for events that influenced the development and dissemination of the BeweegKuur. Three types of documents were analysed: 1. Research publications, reports and other relevant external documents. 2. Project documents: minutes of the internal and external project group, the steering group and the reference group. Annual reports and progress reports, and research reports and minutes of other consultations at the Ministry. 3. Newsletters, websites as well as PR and other communications.	This resulted in an overview of 81 events[2] concerning: 1. BeweegKuur project (BK) 2. The broad network of partners 3. The surroundings of the BK The former project leader of the BeweegKuur assessed the result for completeness and correctness. Remarks have been verified and the overview adjusted.
2. Key interviews. A group interview with four informers and two individual interviews.	The overview of 81 events was given to the former project leader[i], two project assistants, the chair of the steering group and a representative of VWS. They defined eleven events which they thought had the greatest impact on the ambitions and the relationships in the project. Consensus about the list was reached with all participants. That is how the list of eleven key events came about; one more than was intended at the start of the interviews[3].	1. The list with the events in sequential order of place and time was used as a reference in the interviews. 2. The key interviews served as information for formulating the interview questions. 3. The key events made it possible to create timelines that were used to illustrate the findings.
3. Questionnaire	The theoretical concepts of ambition, compromise, links & hubs and context construction were chosen on the basis of the theoretical framework as structuring element for the interviews. The concepts link the theoretical notions to the empirical study via sub-questions. They serve as so-called *sensitizing concepts*. Firstly, a matrix was made by collating relevant aspects for each concept, after which the concept was defined and translated into questions. Through various stages, this led to a questionnaire for the semi-structured interviews.	In addition to the questionnaire for the semi-structured interviews, an analysis tool was made for the analysis on the basis of the same *sensitizing concepts*.
4. Eleven semi-structured interviews, one and a half hours, all eleven steering group members	The questionnaire was used for the interviews. The respondents were given plasticised cards with the identified key events. This was also done with the questions.	Eleven interviews were recorded with *voice tracer* and transcribed verbatim.
5. Transcripts	In a first round, the interview transcripts were read through thoroughly. Using coding, relevant fragments were chosen in a second round. Each *sensitizing concept* was given a colour and the fragments in the texts referring to a concept were coloured with the appropriate marker. This resulted in a collection of fragments, per interview and per concept.	Two matrix types. A matrix that looked at the way the various concepts became visible in the fragments, for each organisation separately. And matrices in which fragments of all organisations were collected, per concept.
6. Findings	On the basis of the data in the coding, a study was made of the patterns and mechanisms in interaction and the effect this had on the development and dissemination of the BeweegKuur.	1. Timelines on the basis of the events in the document analysis. 2. The findings can be set out in a prologue, two episodes and an epilogue.

[1]A source list has been included with this article as appendix 1.
[2]See appendix 2 with topic list

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Appendix 1
Bronnenlijst empirisch onderzoek

1. Geraadpleegde onderzoekspublicaties, rapporten en andere relevante externe documenten.

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2. Projectdocumenten

l	Auteur	Type document	Plaats	Datum
Projectplan BeweegKuur	NISB	Notulen en agenda	Bennekom	December 2007
Stuurgroep BeweegKuur	NISB	Notulen en agenda	Utrecht	1 oktober 2008
Stuurgroep BeweegKuur	NISB	Notulen en agenda	Utrecht	19 april 2010
Stuurgroep BeweegKuur	NISB	Notulen en agenda	Ede	15 november 2010
Externe projectgroep	NISB	Notulen en agenda	Utrecht	9 januari 2008
Externe projectgroep	NISB	Notulen en agenda	Utrecht	2 april 2008
Externe projectgroep	NISB	Notulen en agenda	Utrecht	10 juni 2008
Externe projectgroep	NISB	Notulen en agenda	Utrecht	23 september 2008
Externe projectgroep	NISB	Notulen en agenda	Utrecht	24 november 2008
Externe projectgroep	NISB	Notulen en agenda	Utrecht	26 januari 2009
Externe projectgroep	NISB	Notulen en agenda	Utrecht	10 maart 2009
Externe projectgroep	NISB	Notulen en agenda	Utrecht	8 september 2009
Externe projectgroep	NISB	Notulen en agenda	Utrecht	16 maart 2010
Externe projectgroep	NISB	Notulen en agenda	Utrecht	30 augustus 2010
Interne projectgroep	NISB	Notulen en agenda	Bennekom	18 december 2007
Interne projectgroep	NISB	Notulen en agenda	Bennekom	10 januari 2008
Interne projectgroep	NISB	Notulen en agenda	Utrecht	18 februari 2008
Interne projectgroep	NISB	Notulen en agenda	Bennekom	6 maart 2008
Interne projectgroep	NISB	Notulen en agenda	Utrecht	4 september 2008
Interne projectgroep	NISB	Notulen en agenda	Bennekom	6 augustus 2009
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Januari 2008
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Juli 2008
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	November 2008
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Mei 2009

Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Augustus 2009
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	November 2009
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Februari 2010
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Mei 2010
Interim rapportage BeweegKuur	NISB	Rapportage	Bennekom	Augustus 2010
Interim rapportage BeweegKuur	NISB	Rapportage	Ede	November 2010
Meerjarenplan 2009	NISB	Rapportage	Bennekom	November 2008
Meerjarenplan 2009-2011	NISB	Rapportage	Bennekom	Maart 2010
Meerjarenplan 2010-2011	NISB	Rapportage	Bennekom	Mei 2010
Procesevaluatie UniMaas 2008	Unimaas	Rapportage	Bennekom	Februari 2009
Onderzoek wetenschappelijke onderbouwing BK	ResCon	Rapportage	Bennekom	Juni 2009
Actie overleg VWS	NISB	Rapportage	Den Haag	13 september 2010
Overleg VWS	NISB	Notulen	Den Haag	6 augustus 2009 \
Communicatieplan BeweegKuur	NISB	Rapportage	Bennekom	Juli 2008
Afspraken Topoverleg VWS	NISB	notitie	Bennekom	20 oktober 2008
Afspraken Topoverleg VWS	NISB	notitie	Bennekom	3 november 2008
Afspraken Topoverleg VWS	NISB	notitie	Bennekom	1 december 2008

3. Nieuwsbrieven, websites en communicatieve en PR uitingen.

Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Bennekom	Nummer 4 | 24 augustus 2009
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Bennekom	Nummer 1 | 10 februari 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Bennekom/	Update | Besluitvorming BeweegKuur
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 3 | 02 juni 2010

Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 4 | 19 juli 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 5 | 10 september 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 6 | oktober 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 7 | 15 november 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 8 | oktober 2010
Nieuwsbrief BeweegKuur	NISB	Nieuwsbrief	Ede	Nummer 9 | 10 december 2010
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 1 Oktober 2009
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 2 23 november 2009
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 3 13 januari 2010
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 4 17 maart 2010
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 5 10 februari 2010
ROS special	NISB	Nieuwsbrief	Bennekom	Nummer 6 14 mei 2010
ROS special	NISB	Nieuwsbrief	Ede	Nummer 7 28 juni 2010
ROS special	NISB	Nieuwsbrief	Ede	Nummer 8 19 juli 2010
ROS special	NISB	Nieuwsbrief	Ede	Nummer 9 10 september 2010
ROS special	NISB	Nieuwsbrief	Ede	Nummer 10 15 november 2010
ROS special	NISB	Nieuwsbrief	Ede	Nummer 11 10 december 2010