

Op basis van subsidiebesluit fase 2 van het GOR-COVID-19 programma is er een aanvullende eis vanuit de commissie om een overzicht van de werkpakketten ter beschikking te stellen.

Dit overzicht was reeds opgenomen in het de subsidie-aanvraag van het RIVM in relatie tot het programmamanagement van het GOR-COVID-19 programma. Onderstaand zijn de gegevens uit deze aanvraag nogmaals opgenomen.

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Program description

The integral aim of the GOR-COVID-19 integrated health monitor is to disseminate and implement the gained knowledge and results of all working packages on the six GOR themes (Annex 2). For the target groups youth, young adults, general population (including older adults and people with disabilities), the target group of PMHC (the risk group clustered under the umbrella of public mental health care (PMHC; in Dutch: OGGZ) e.g. referring to those with multiple problems unable to access the care they need) on national and regional/local level via a continuous dialogue with researchers, policy makers and practitioners/professionals (science-practice-policy).

Existing networks for the various target groups (youth, adults, social care group) will be mapped out at national and regional/local level. Networks with an integrated approach that involve various bodies such as (local) administrators, policymakers, researchers and professionals will be included. These networks will play a crucial role in disseminating and implementing the GOR-results and in creating a support base among policy makers and professionals. On a national level stakeholders will include representatives of the government depending on the target group involved (e.g., ministry of Health, Wellbeing and Sports (VWS), ministry of Education (OCW), ministry of Justice and Safety (J&V), ministry of Social Affairs (SZW)), research/knowledge institutes (such as MIND, Trimbos, Pharos, the councils of education, the National Youth institute, etc.) and professional organisations (such as World doctors, student councils, the salvation army, social work, teachers' associations, associations for people with a disability or the chronically ill (e.g., Ieder(in)), and others, depending on the target group. Vulnerable groups that are not represented in a panel will be represented by interest groups and/or expert organisations involving those groups (e.g., Pharos or the council for lower vocational education). In addition, the results of the literature study concerning vulnerable groups will be used as input for the dialogue.

To achieve dissemination in the regions and locally, the Dutch association of municipalities (VNG) and Regional Public Health Services (GGD's) play a crucial role. The GGD's are the drivers of, or closely involved in, the existing networks targeting (mental) health problem prevention and health promotion (e.g., JOGG, networks around positive health initiatives). In the context of the corona pandemic, regional core teams meet on a regular basis. They are often set up and managed by the GGD professionals. The composition of these core teams differ: in addition to representatives of the GGD, representatives of the (largest) municipality(s) in their region, hospitals, general practitioners, home care, social work and education are often involved. These existing and occasional networks play a crucial role in creating a support base for disseminating and implementing results and adapt them to their professional practice.

GGD professionals have a task in agenda-setting, in putting GOR-COVID-19-monitoring knowledge and results on the agenda of affiliated networks and in delivering feedback on target group/stakeholder needs and the potential of the GOR-results to be integrated in policy and actions by which an iterative information and implementation process is facilitated. In return GGD and VNG information will serve as input for advice on a national level (e.g., min VWS, min SZW, etc.). Interventions, psycho-social support, will be (further)

developed in this iterative process - involving science, practice, and policy - to mitigate the impact of the corona crisis on public health.

On a national level dissemination and implementation sessions will be organized yearly with stakeholders for each target group. Stakeholders will be asked to inform their constituents. An explanatory meeting will be set up for the GGD and VNG professionals for each target group to inform them about the GOR-COVID research and ways to integrate the research results in meetings with affiliated networks in their daily practice. Each regional GGD will be asked to indicate one or more professionals to participate in this meeting

Special attention will be paid to finding networks/stakeholders aimed at specific vulnerable groups such as students, the unemployed, people with disabilities, people with no or lower education, migrant workers, people with a migration background, homeless, etc. Knowledge will be integrated in the triangle of science-policy -practice regarding different target groups, which will be incorporated in the iterative process and experimental set up of the monitors in WP3 and WP4 for the upcoming years. In this set up we describe, we secure the dissemination of knowledge from national to regional players and vice versa, in a mutual iterative process, for the coming years (2022-2025).

Objective of the program

Main objective

The main objective of the integrated 'Disaster health research' monitor (GOR)-COVID-19 is to provide a valuable information base on the physical and mental health effects of the COVID-19 crisis for youth, young adults, adults and the public mental healthcare target group (OGGZ) to be able to advise and support local and regional decisionmakers in policy-making and providing perspectives for mitigating health risks.

Sub-objectives are:

- 1) gaining insight into the effects of the coronavirus (COVID-19) on health;
- 2) acquiring insight into the health effects of the measures aimed at controlling the pandemic;
- 3) to *promote* that knowledge and insights are passed on to national, regional, and local policy makers and healthcare providers.

Research questions

- 1) What is the status of mental and physical health, what is the status of healthcare use and what is the status of well-being of the Dutch population and vulnerable groups in the context of the corona pandemic and restrictive measures?
- 2) What are risk and protective factors for the status of mental and physical health, healthcare use and the well-being of the Dutch population and vulnerable groups in particular, in the context of the corona pandemic and restrictive measures?
- 3) What is the effect over time of the coronavirus and restrictive measures on mental and physical health, care use and the well-being of the Dutch population and vulnerable groups in particular?

Tasks

In the light of the effect of corona virus and restrictive measures on public health:

- 1) we conduct ongoing literature research (WP2)
- 2) we build on a good existing infrastructure for regular monitoring for healthcare use (NZR, Nivel) and GGD-monitors such as the national Youth Health Monitor and the National Health Monitor for Adults & Elderly. We extend these monitors with GOR-questions and develop new measuring instruments (WP3a, b)
- 3) we develop a monitor for vulnerable groups such as the public mental health care target group (OGGZ) (WP3c).
- 4) we conduct short cycle panel research to generate up to date information on the current status of physical & mental health, healthcare use and well-being of the Dutch population and vulnerable groups (WP4a, b)
- 5) we organize dialogue sessions and involve stakeholders from the triangle of science, policy and practice (WP5)

Description workpackages

In the current research project, the focus will be on the direct and indirect effects of the crisis. We will examine the influence of important risk- and protective factors (at different levels) from COVID-19 research and from earlier disaster research. Therefore, the monitor consists of five work packages that integrally form the base of the 'Gezondheidsmonitor-GOR-COVID-19'. All work packages are strongly connected and continuously exchange knowledge and data (indicated by the blue double arrow, Annex A "overview of workpackages"). The scientific nature of the monitor is secured by an ongoing iterative process of posing hypothesis, testing these hypotheses by integrating existing data (WP2) with newly assembled and registry data (WP3a,b,c; WP4a,b) and then A) integrate these insights in the next rounds of data assembly (Annex 1: colored arrows: input for internal dialogues 'Netwerk GOR'; black arrows: output for WP5, WP4a,b, WP3a,b,c and WP2); and B) translate these insights to practice and policy (input WP5; black arrows; output WP5 light blue arrows) with internal and external professionals, policymakers and experts. WP3 aims at longitudinal health monitoring and builds upon the one- or two-yearly monitors of the GGD's and generates data on regional and local level. WP4 has a short cyclical study design, which provides actual data on the health status of different target groups on national and provincial level. Our research process is an ongoing (at least) yearly cycle (plan-do-check-act) but will be adjusted accordingly (Annex A "overview of workpackages")

Lead / responsible

Underneath the institution responsible for a specific workpackage is explained. These are also the institutions receiving the main funding for this workpackage.

WP1: Lead RIVM. Coordination of the Integrated Public Health Monitor-COVID-19/ GezondheidsmonitorGOR-COVID-19. WP1 will coordinate this program and will organize at least yearly 'internal dialogues' for knowledge integration and controlling the scientific iterative process.

WP2: Lead RIVM/Nivel. Literature Review.

WP3a: Lead GGD-GHOR Nederland: Long Cycle Health Monitors

WP3b: Lead Nivel: Long Cycle GP Registry Data (Lang CyclischeNZR);

WP3c: Lead GGD-GHOR Nederland: public mental healthcare target group (OGGZ) monitor.

WP4a: Lead RIVM: Short Cycle Panels.

WP4b: Lead Nivel: Short Cycle General Practitioners (GP) Registry Data(KortCyclischeNZR).

WP5: Lead ARQ NationaalPsychotraumaCentrum: Dialogue sessions with stakeholders: Balancing Science, Practice and Policy; WP2, WP3a,b,c, WP4a,b and the 'internal dialogues Network GOR' (WP1) serve as input for yearly WP5 dialogue sessions with internal and external professionals, policymakers and experts. The data will be integrated and interpreted for the purpose of health policy making at the national, regional and local level. The output of the dialogue sessions (knowledge, data and insights) will be disseminated among national and local/regional policy makers and professionals (such as: GGD's, VNG, JOGG). Per target audience one or two dialogue sessions will be held each year.