Process evaluation of the development and implementation of an intersectoral health policy in Varde municipality, Denmark

Authors:
Maja Larsen, PhD
Okje Anna Koudenburg, B.Sc
Gabriel Gulis, PhD

University of Southern Denmark, Institute of Public Health, Unit for Health Promotion Research

Contents

1. INTRODUCTION

Working together across sectors to improve health and influence health determinants is often referred to as "intersectoral action for health". Despite being a widely recognized approach, successful initiatives in this area remain a challenge for cities around the world (*1*).

In order to identify evidence to promote intersectoral action for health, the World Health Organization (WHO) Centre for Health Development launched a project in 2011 to collect case-studies on the experiences of cities that have implemented intersectoral interventions. This report is about Varde municipality, Denmark, which was one of the case-studies. The study was carried out during 2011-2012 by a group of health policy researchers from the Unit for Health Promotion Research at the University of Southern Denmark. The report describes the experience of Varde municipality in developing and implementing an intersectoral health policy, and identifies challenges and facilitating factors in this process. The report highlights the main findings of the study which gives a detailed evaluation of an intersectoral process at local government level, and thus can provide a profound example for other local governments planning to introduce similar policies.

The report is structured as follows:

- information on the study method;
- general background information on Varde municipality;
- basic information on the health policy in focus;
- a description of the process of intersectoral action during development and implementation of the policy;
- presentation of impact and lessons learned;
- discussion of study findings;
- conclusions and recommendations.

2. STUDY METHOD

This study was carried out using the case-study method (*2*). Data were derived by two methods, document analysis and semi-structured interviews, as follows:

Analysis of all documents formulated in relation to the development and implementation of the intersectoral health policy in Varde municipality

Approximately 500 pages of documents (including minutes of meetings and working papers) from the period 2007–2011 were identified using the internal document system of Varde municipality. The documents were grouped according to the four elements described in *Diffusion of innovation theory* – i.e. innovation, time, communication channels, and social systems (*3*). This ensured an overview of documents and made it possible to identify sections with important information on intersectoral action. A

careful and systematic review of documentation was completed, looking for indications of intersectoral work and its development in context of internal meetings, public information and general project planning.

Semi-structured interviews with key persons from all involved sectors

Interviews were carried out during the spring 2011 with nine stakeholders/key informants representing all sectors in the municipality (Table 1). These stakeholders were selected on the basis of their participation in the health policy development process. Each interview was carried out in a municipal office and lasted 30–60 minutes. The interviews were recorded and a comprehensive written summary of each interview was made. Data were analysed by use of a coding system to identify challenges and facilitating factors in the policy process.

Table 1. Key informants

Position	**Affiliation**
Mayor	Head of city council
Politician	Head of Committee for Social Affairs and Health
Manager	Finance and personnel
Manager	Children and youth
Consultant	Planning, culture and technical issues
Manager	Social affairs and health
Student assistant	Social affairs and health
Consultant	Social affairs and health
Consultant	Social affairs and health

3. GENERAL BACKGROUND INFORMATION ON THE SETTING, VARDE MUNICIPALITY

This chapter presents relevant background information on Denmark and Varde municipality.

3.1 Political context and demographic characteristics of Denmark

Denmark is a country in northern Europe. It is a constitutional monarchy with a parliamentary system of government with three levels of administration: a state-level government, five regional governments and 98 local city councils (municipalities). The Danish political system has traditionally generated coalitions. In the study period (2007–2011) Denmark had a prime minister from a centre-right Liberal Party ("Venstre"). The government was a coalition consisting of the Liberal Party and the Conservative People's

Party (“Det Konservative Folkeparti”), with parliamentary support from the national-conservative Danish People's Party (“Dansk Folkeparti”)., With its mixed-market capitalist economy and a large welfare state, Denmark ranks as having one the world's highest levels of income equality. Denmark has frequently ranked as the “happiest” and least corrupt country in the world. However, life expectancy is lower in Denmark than in countries that Denmark is normally compared to (Finland, Norway and Sweden). Table 2 presents major demographic characteristics of Denmark (*4*, *5*).

Table 2. Demographic characteristics of Denmark

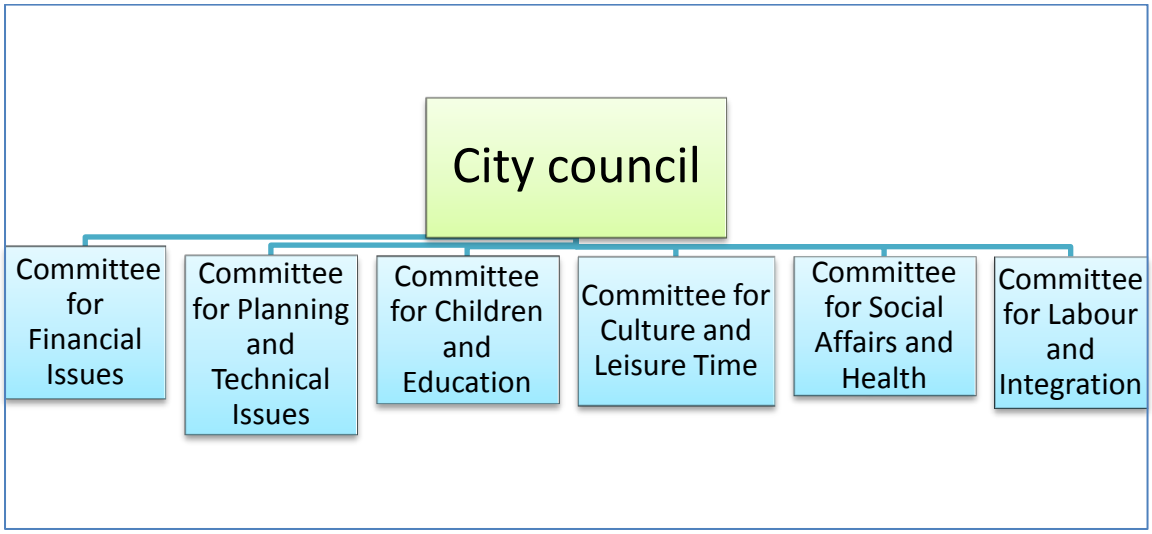
Demographic characteristics of Denmark	
Number of inhabitants	Approximately 5.5 million
% of population of Danish descent	Approximately 90.5% (the remaining 9.5% consists of immigrants, or descendants of recent immigrants)
Median age	39.8 years
Male/female ratio	0.98 males per female
Literacy rate	98.2% of population aged 15 years and over
Birth rate	1.74 children per woman (2006 estimate)
Average life expectancy	80.2 years for women and 75.6 years for men (2011 estimate)

3.2 Background information on Varde municipality

Varde is a municipality in the Region of Southern Denmark on the west coast of the peninsula of Jutland in southwest Denmark. The city council consists of 25 elected members. All members of the city council are elected for a four-year period.

Most of the city council's work takes place in six different political committees (Figure 1) in which selected politicians meet once every month. Each committee has decision-making power concerning issues within the scope of the municipal statutes. Decisions are often first discussed in committee and subsequently discussed and decided upon in the city council.

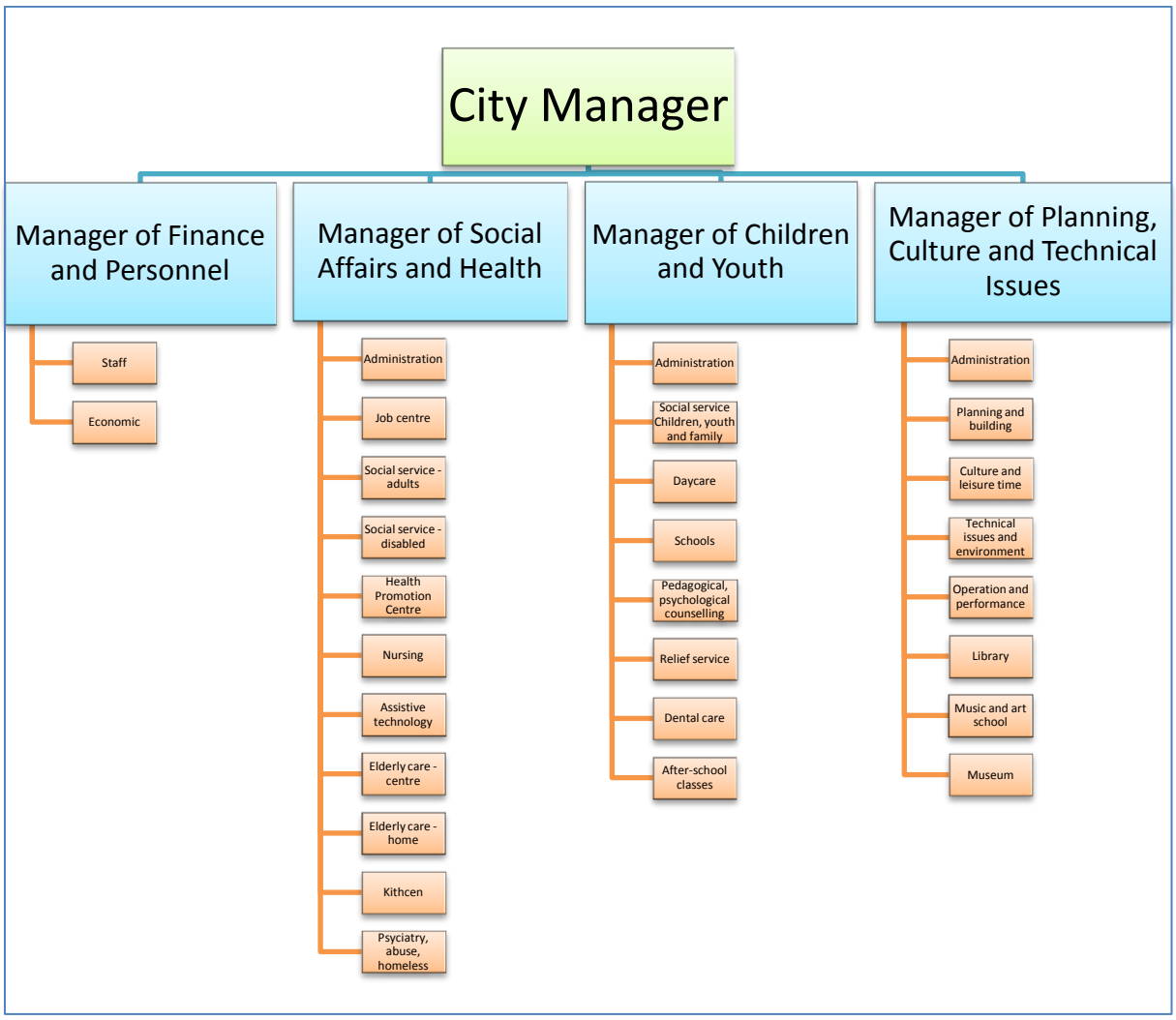
Figure 1. Political organization of Varde municipality



Source: Adapted from www.vardekommune.dk.

The administrative and operational work of the municipality has a flat structure with four sector managers and supporting employees, independent administrative companies and a number of operating companies. The four sectors in the municipality are presented in Figure 2.

Figure 2. Administrative organization of Varde municipality



(Adapted from: vardekommune.dk)

In terms of geographical area, Varde municipality is the fifth largest municipality in Denmark with an area of 1255.79 km^2. At 1 January 2011 the municipality had a population of 50 351, 23,6 % < 17 years old and 17,9 % > 65 years old(*6*).

A health profile by the Region of Southern Denmark and the National Institute of Public Health in 2010 shows that 86.1% of citizens of Varde consider their own health to be excellent, very good or good (*7*). According to the profile it is estimated that some 4500 citizens of Varde have poor physical health status and 2800 have poor mental health status. Furthermore, there is inequality in health status, with poorer health status and higher exposure to risk factors among persons of lower education and those of non-Danish ethnicity (approximately 2.7% of the population) (*7*). Information on further basic health-related conditions is provided in Table 3.

Table 3. Basic health-related conditions in the population of Varde municipality

Health-related condition	% of population
Diseases	
Stress	8.1
Prolonged disease	30.7
Elevated blood pressure	18.4
Diabetes	5.0
Chronic lung disease	4.0
Pain or discomfort within the last two weeks	32.8
Sick leave	
Sick leave within the last two weeks	11.9
Prolonged sick leave within the past year (more than 25 days)	3.2
Health behaviour	
Belief that own efforts influence health status	7.3
Daily smoking	20.7
Heavy smoking (15 or more cigarettes per day)	10.5
Exceeds the limits for recommended alcohol intake	6.7
Unhealthy diet	15.8
Sedentary lifestyle	14.0
Severe overweight (BMI>30)	14.3
Visited a general practitioner within the past year	74.2
Social networks	
Seldom or never in contact with family	6.2
Seldom or never in contact with friends	6.3
Often alone without wanting to be	4.4
Never or almost never have someone to talk to in case of problems	3.8

Source: Region of Southern Denmark and National Institute of Public Health, 2010 (*7*).

The information presented below in chapters 4-7 is based on findings from the document analysis and interviews. It contains unpublished information collected by the authors of this report (*8*).

4. THE INTERSECTORAL HEALTH POLICY IN VARDE

Denmark has undergone extensive public sector reform. As a consequence of this reform and the adoption of a new health law in Denmark in January 2007, municipalities took over responsibility for health promotion and disease prevention work. Before the structural reform, responsibility for these tasks and for primary health care (hospitals) lay with the regional level of the public sector (*9*). Municipalities are facing challenges in relation to prioritization,

intervention planning and implementation. Local Government Denmark (LGDK), an association of Danish municipalities, suggested that all municipalities should develop a health policy as a tool for dealing with these new responsibilities. Despite the fact that intersectoral action for health is not an approach required by law, most municipalities (some 73 out of 98) have developed an intersectoral health policy as a guiding framework (*10*). This was also the case for Varde municipality, where preparation for such a policy was launched in mid-2007. In June 2008 the city council of Varde municipality approved the final version of the intersectoral policy which was valid for the period 2008−2012 (*11*).

The health policy in Varde municipality has its starting point in the WHO definition of health, recognizing the need for a broad definition of the term to show the importance of involving all sectors (*12*). The main objective of the Varde policy is to provide a framework for improving health and quality of life and to make the "healthy choice" the easy choice for all citizens (*11*). The main approach is intersectoral action with a focus on integrating health into all policies, as later recommended in the Adelaide Statement on Health in All Policies (*1*).

The first part of the health policy document explains the legal background for the policy, clarifies concepts, and presents data on the state of health of citizens in Varde. The second part of the policy document presents 10 priority areas with strategic goals and indicators for the policy (Table 4). Most of the areas are related to prevention of noncommunicable diseases – with a focus on diet, smoking, alcohol and physical activity – and are directed to specific targets groups such as children and youth, ethnic minority groups, persons with disabilities, and persons with mental health conditions. The priority areas set the scene for future intersectoral interventions targeting public health. It is recognized that a special effort is needed in relation to some target groups, and the policy sets out recommendations on the development of interventions that take those groups needs into account. These might include special conditions for physical exercise by ethnic minority women who cannot use a shared changing room, or diet recommendations taking their traditional food into account. They could also be physical exercise for youngsters in wheelchairs or exercise in small groups for persons with mental health problems (*11*).

Table 4. Ten priority areas in the intersectoral health policy of Varde municipality

Intersectoral health policy priority areas
1. Diet, smoking, alcohol, physical activity Example of a strategic goal: *Improving lifestyle and living conditions of citizens in Varde municipality regarding diet, smoking, alcohol and physical activity.* Examples of indicators: Diet: *All sports centres are offering a healthy meal.* Smoking: *Percentage of adult daily smokers reduced from 30% to 22%.* Alcohol: *A formalized collaboration is established with the grant authority.* Physical activity: *At least 80% of all children are physically active 60 minutes per day.*
2. Children and youth Examples of strategic goals: *Focusing on preventing childhood overweight and obesity.* *Improving competency among children and youth to make healthy choices.* Examples of indicators: *Focused action on the well-being of children and prevention of bullying.* *Varde municipality offers support to families in accomplishing lifestyle changes that will benefit children's health.*
3. Leisure time Example of a strategic goal: *Improved collaboration with voluntary organizations.* Examples of indicators: *80% of all adults feel they have a good social network.* *Events are taking place at museums, libraries and evening schools to promote physical activity, social networks and health knowledge.*
4. Elderly persons Examples of strategic goals: *Systematic prevention of strokes among elderly citizens is put into practice.* *Attention is established on prevention of falls among the elderly.* Example of an indicator: *A working plan for prevention of falls among the elderly is developed.*
5. Vulnerable groups Example of a strategic goal: *Improvement of health-promoting and disease-preventing action among disabled citizens.* Example of an indicator: *A disability policy has been formulated.*

6. Hygiene Example of a strategic goal: *Hand hygiene has become a natural part of everyday life.* Example of an indicator: *Guidelines for hygiene principles have been formulated and implemented in relevant municipal institutions.*
7. Healthy workplace Examples of strategic goals: *All municipal workplaces concern themselves with health promotion and disease prevention, focusing on healthy lifestyles and healthy living conditions.* Examples of indicators: *Focus on prevention of physical disabilities due to demanding job functions.* *Focus on prevention of stress due to job function.*
8. Accidents Example of a strategic goal: *The number of home, leisure, work and traffic accidents is reduced.* Examples of indicators: *A special focus is placed on preventing falls among the elderly.* *All playground equipment at municipal playgrounds, schools and institutions, has a compulsory safety inspection by a playground inspector on a yearly basis.*
9. Environment Example of a strategic goal: *The intersectoral health and environmental work is taking place in dialogue with collaborative partners and citizens to provide sustainable development in both areas.* Example of an indicator: *Plans for municipal development take into account cultural environments, landscape, nature culture and local identity.*
10. Chronic diseases Example of a strategic goal: *Chronic diseases are detected at an early stage.* Examples of indicators: *At least 50% of all citizens completing a rehabilitation programme sustain the positive lifestyle changes at least one year after finishing the programme.* *Collaboration with general practice and the Region of Southern Denmark is structured and formalized.*

Source: Varde municipality, 2011b (*11*).

5. PROCESS OF THE INTERSECTORAL ACTION

This chapter describes the entire policy process from the initiation of the process to the development and implementation of the policy.

5.1 Initiation of the process

According to informants, the main reason for developing the intersectoral health policy in Varde municipality was the structural reform of the public sector in Denmark in 2007 and the fact that LGDK suggested that all municipalities should develop a health policy. In Varde the social affairs and health sector communicated this message to other sectors. Furthermore, it suggested making the policy intersectoral since many environmental and structural determinants of health pertain to other sectors. Thus, the aim of making the policy valid across all sectors was to facilitate common and collaborative action towards the objectives of the health policy – i.e. to increase health and quality of life and to make the "healthy choice" the easy choice for all citizens.

The document analysis and interview process revealed that the involvement of other sectors was triggered by the assumption that employees from other sectors would feel more ownership of the policy if they took part in developing it. Moreover, all sectors would have the opportunity to shape the policy in a way that would fit with their existing sector policies.

In the document analysis it was not possible to identify any formal decision from the city council about the intersectoral character of the policy. However, the development of the intersectoral health policy began in mid-2007 with involvement of employees from all sectors in the municipality. The health sector took the lead and introduced the intersectoral approach.

5.2 Mechanisms used for interaction across sectors during development and implementation of the policy

5.2.1 Project organization in the development phase

A project organization with a manager group and a project group was formed by the health sector manager at the beginning of the policy development process. The manager group consisted of the senior managers from each sector, while the project group consisted of interested employees from each sector. The manager group had the overall responsibility of governing the process, while the project group was in charge of developing background analyses and formulating the policy. Two health consultants from the social affairs and health sector served the two groups as project secretaries. The two groups had meetings on a regular basis once a month or every second month. The process was primarily led by the social affairs and health sector (*13*). Table 5 shows the persons in the manager group and the project group during the development phase.

Table 5. Persons in the manager group and project group during the development phase

Development phase	
Manager group	Senior manager of finance and personnel sector
	Senior manager of children and youth sector
	Senior manager of planning, culture and technical issues sector
	Senior manager of social affairs and health sector
Project group	Delegated employees from finance and personnel sector
	Delegated employees from children and youth sector
	Delegated employees from planning, culture and technical issues sector
	Employees and managers from social affairs and health sector

Source: Larsen, 2012 (*8*).

5.2.2 Key actions in the development phase

As a result of the document analysis and interviews, key actions in the development phase were identified by the authors of this report. One of the first actions in the process was a public meeting at which all interested persons and organizations were invited to give their inputs on the policy. At this meeting, city council members and project groups engaged in active dialogue with the citizens (*8*).

Another important step at the beginning of the process was analysis of the local health profile. The Region of Southern Denmark developed this local health profile in 2006 as a tool for the municipalities to plan their health activities following the structural reform. The report consisted of details on the use of general practitioners and hospitals, and on the prevalence of the most common diseases and health behaviours (*14*). On the basis of this information, the project secretary for the health policy formulated a draft policy and the project group commented on it, giving special attention to the topics that involved their respective sectors. The draft was presented to all the committees in the city council with a request for inputs and comments. Some committees responded but others did not (*8*).

After comments were received on the draft, corrections and additions were made. The intersectoral health policy document was then sent out to all operational and administrative units of the municipality to solicit their viewpoints in a public hearing. The policy was also accessible on the municipal web page and citizens were encouraged to submit their comments via this webpage. From 2 April to 19 May 2008 the project secretary received many statements, mainly from municipal employees, local companies and institutions. In addition, gymnastics and sports associations and sports centres responded to the public hearing.

Many statements on the draft pointed out that the health policy was a very comprehensive document, which led to the production of an "easy-to-read" version. The planning, culture and technical issues sector perceived a missing prioritization between the different policy objectives and suggested a framework for implementation and follow-up of the intersectoral collaboration and projects. This turned out to be a serious issue later in the implementation process. On specific subjects, more focus was requested on areas such as adolescents and alcohol, strokes, and safety of playground equipment. The public hearing did not result in any radical modifications to the health policy but served as an important "eye-opener". Afterwards, the project group formulated a final version, which was approved by the city council in mid-2008. In addition, an information brochure on the policy was created and delivered by post to all citizens (*8*).

5.2.3 Project organization in the implementation phase

The next phase in the intersectoral health policy was to implement it. To do this a new project organization was created, mainly because the project secretary (social affairs and health) realized that more managers were needed in the project group in order to get all sectors to work on implementing the policy. Consequently, the project manager group grew to include the heads of all committees of the city council plus the top managers of all sectors, and the project group consisted of managers from administrative units of all sectors. The groups were still lead by the health sector (*8*). Table 6 shows the persons in manager group and project group during the implementation phase.

Table 6. Persons in the manager group and the project group during the implementation phase

Implementation phase	
Manager group	Mayor (head of the city council and the committee for financial issues)
	City Manager (head of all sector managers)
	Head of the committee for planning and technical issues
	Head of the committee for children and education
	Head of the committee for culture and leisure time
	Head of the committee for social affairs and health
	Head of the committee for labour and integration
Project group	Manager from finance and personnel sector
	Manager and employee from children and youth sector
	Managers from planning, culture and technical issues sector
	Managers and employees from social affairs and health sector

Source: Larsen, 2012 (*8*).

The groups met on a regular basis. The project group had the responsibility to plan the implementation process, with the project secretary taking on the heaviest planning role.

5.2.4 Key actions in the implementation phase

According to interviews, the project secretary tried to map all health activities in the municipality in order to show the importance of involvement from all sectors and to identify any possible gaps in activities. This mapping did not achieve the expected result due to several reasons, namely: 1) many of the operational and administrative units did not see the importance of describing their health-related activities, 2) many of these units did not find time to describe their activities, and 3) many of the operational and administrative units did not consider their activities to be health-related activities.

It was also difficult to convince the project group to take action on implementation of the health policy. After this, the project secretary tried a new strategy whereby the project group

set the agenda and the project secretary served again as a facilitator to discuss the understanding of health within all sectors. The implementation strategy was discussed within the project group. Two of the concrete outputs of this were the establishment of a "Fund for Health" and "health networks".

5.2.5 Fund for Health

This fund was established by Varde municipality which allocated around US$ 200 000 to support health projects. The fund was intended to award grants to intervention proposals on an annual basis (in 2011 with an amount of $200 000, and in subsequent years $100 000). All operational and administrative units were able to apply for funding. As criteria, projects had to be carried out collaboratively by at least two sectors. The aim and method of the project also had to be justified by best available evidence. In 2011, the municipality decided to focus on children's health (one of the topics in the health policy), with focus on other topics of the policy in subsequent years.

The projects for funding from the "Fund for Health" had been selected just prior to the completion of this study, and thus the effect of the fund on intersectoral action could not yet be evaluated. The projects had various aims and methods – most of them had structural elements as well as behavioural elements. For example, in one of the financed projects, a group of teachers at a primary school planned to facilitate the establishment of safe bicycle paths and at the same time teach children how to enjoy cycling. This project involved collaboration between the primary school and the technical sector and hence was an intersectoral project. Another project, which involved collaboration between primary schools and the nursing unit of the municipality, aimed to improve the toilet habits of school children through education of both children and teachers. These projects are very different, but they both have intersectoral collaboration as a central aspect.

Not all of the projects submitted were intersectoral (and not all needed to be), yet having intersectoral action as one of the selection criteria is perceived as being a facilitator of future work. The municipality will gain experience with the intersectoral approach and it is likely that more projects will benefit from this in the next round of funding (*8*).

5.2.6 Health networks in all sectors

Another concrete output of the implementation strategy discussions in the project group was the formation of networks for working with health in all sectors. This idea was raised from discussions in the project groups. The aim of these networks was to disseminate information and knowledge from the project group to all units in the municipality and to facilitate collaboration across the networks. This means, for instance, that the manager of the children and youth sector might form a group of employees (day-care workers, teachers, leisure-time workers and others) who are required to receive information and knowledge from the project group and share it with their colleagues. The information could, for example, be facts about a

new national fund, or a new national strategy, for providing healthy food for children. Using such groups for sharing information means that employees receive information from familiar colleagues rather than from the possibly unfamiliar health policy project group. At the same time, these groups serve as networks for knowledge exchange and for the possible establishment of alliances for health projects across different units and sectors (*8*).

The networks were established in the end of 2011 and have mainly served as channels for information from the project groups to the operating units. The aim is for networks to facilitate intersectoral collaboration in the future.

Box 1 describes a project that was implemented in collaboration between sectors. This project began before the networks were established, but the networks aim to facilitate such collaborative efforts.

Box 1. Example of a project implemented in collaboration between sectors: the SPACE Project

The Danish Ministry of Culture chose Varde municipality to take part in the non-elite sports project during 2010 and 2011, which meant that the municipality had to accomplish 14 different non-elite sports projects during this time. The major goal of these 14 projects was to create new physical surroundings/environments to promote an active lifestyle and encourage citizens of Varde to be more active.

One of the projects, SPACE (Schoolyard, Playspot, Active transport, fitness Club activities and Environment) is part of a research project studying the impact of attractive physical surroundings on school children's activity levels. To accomplish the four main focuses – creating an inviting schoolyard, establishing a playspot in the school children's local area, promoting active commuting to school, and offering club fitness for children – intersectoral collaboration is essential. The municipal sectors involved in SPACE are social affairs and health (lead), children and youth, and planning, culture and technical issues. Each of these sectors collaborates with managers in a manager group, with employees from administrative and operational units (such as school principals, physiotherapists and playground inspectors) in the project group.

The main facilitating factor for intersectoral collaboration in the SPACE project was the project manager (from health sector), who facilitated the collaboration very well and was responsible for knowledge-sharing and information flow among collaborators.

Among the barriers encountered, a major concern was that the project was looked upon as an extra workload. In addition, the different time frames and ways of working in administrative and operational units clashed because the administrative units were much more flexible than organizations like schools where project planning has to be done at least six months in advance. There were also difficulties with information flow through the project because of the many intermediaries. Additionally the financial crisis had an impact. Despite these

barriers, the SPACE project has been continued in 2012-2013 and is being evaluated in 2014.

Lessons learned from the intersectoral collaboration in the SPACE project are the importance of building a shared foundation in the project group, the need to match expectations of the collaboration, and the need to share knowledge and information.

Source: Varde municipality, 2011d (*15*); Larsen, 2012 (*8*).

6. IMPACT AND LESSONS LEARNED

The health policy is still relatively new; it is therefore not yet possible to evaluate its impact on the health status of the population. However, what is already apparent is a change in working methods and improved links between the various sectors. Lessons drawn from the challenges as well as facilitators identified are described in following paragraphs.

6.1 Main challenges

6.1.1 Health policy seen as an extra task

According to informants, one of the main challenges to implementation of the intersectoral health policy was the fact that the policy was perceived as an extra task on top of all other tasks. Employees in various sectors felt that they had to integrate health into already existing interventions or give priority to health at the expense of other important issues (*8*).

6.1.2 No initial financial benefits

There was no funding directly allocated to the implementation of the health policy until the "Fund for Health" was established. Because of this, resources had to be taken from elsewhere and that caused frustration among non-health sector employees (*8*).

6.1.3 Perceived reputation of health employees as self-righteous

The interviews revealed that non-health sector employees in Varde municipality perceived employees of the social affairs and health sector as self-righteous. The perception that the health sector interfered in other sectors and promoted intersectoral action for health left the impression that the health sector felt more important than other sectors. In interviews, informants from non-health sectors explained that they found themselves in "unknown

territory" when working with the health policy because the agenda was set by the health sector. Employees from the social affairs and health sector had more time to prepare for meetings in the project group and developed the drafts for the intersectoral health policy. It was considered to be very important for the intersectoral health policy that the collaboration itself should be addressed in an intersectoral way instead of the health sector dominating with its views on health issues (*8*).

6.1.4 Uneven expectations and ambitions

According to informants from the health sector, the non-health sectors did not contribute to the development of the intersectoral health policy as much as the social affairs and health sector had expected. This led to a "negative culture" in the project group and also in the project secretariat. The main reason for this frustration in the secretariat was a perception that no one except for those in the social affairs and health sector showed the level of enthusiasm anticipated by the health policy (*8*).

6.1.5 Lack of ownership

The case-study indicated that creating ownership of the intersectoral health policy was a great challenge in Varde municipality. Most project group members who were interviewed said that they felt no "passion" for the project but saw it as a work requirement. The organization of the project group was changed over time, complicating the development of feelings of ownership. However, informants stated that it is not necessary to feel commitment to the health policy in its entirety; instead, ownership of specific parts of the policy can be created more easily. Another reason for challenges in the development of ownership was that the health policy was formulated in a rather vague way, making it difficult to define the concrete outcomes of the intersectoral collaboration based on the policy.

Ownership among the public was also an issue that needs to be reconsidered, since the citizens were not directly involved in the implementation phase. The public were involved in the development process via meetings and hearings, but they have not yet been involved in implementation. Implementation is a stepwise process and the project secretary was focusing on getting the internal project group to function before opening up the project for public contributions (*8*).

6.1.6 Lack of clear objectives

The interviews revealed that managers of the operating units in the municipality were more used to working in a goal-oriented manner rather than in the process-oriented way that the policy suggested. Especially in the development phase, the focus was on group development since the first project group did not perform very well. One of the informants stressed that it was important to focus the group forward rather than to look backwards; by focusing on the

past it would be impossible to create change for the citizens of Varde municipality. The informants said that lack of clear objectives for the policy drained the energy of the project group. Furthermore, some of the stated objectives were hard to follow up since there was no baseline information (*8*).

6.1.7 The municipal structure with parallel sectors

Another challenge in succeeding with the intersectoral approach to health was the municipal structure with parallel sectors in which each manager had responsibility for his or her own sector. The managers took care of their own sector's interests and did not have incentives to deal with issues that went across sectors such as health. In addition, some units were simply not geared up to work in an intersectoral way. A municipality often operates with a focus on profits and results, while an intersectoral approach requires time for reflection. Nevertheless, the health policy was developed following a straightforward planning model (formulation, implementation, evaluation). This was necessary to get the project approved and then passed by the city council (*8*).

6.1.8 Ensuring community participation during implementation

Although the community was very actively involved in the policy development phase through participating in the web-consultation and the public hearing, it was a challenge to find the right ways to keep the community actively involved in implementation of the health policy. Furthermore, there was no plan for how to do so (*8*).

Table 7. Summary of the main challenges

Main challenges
The health policy was perceived as an extra task and not as a supporting tool.
The health policy was initially not accompanied by financial benefits.
The health employees obtained a reputation among the other sectors for being self-righteous.
Expectations and ambitions were uneven between sectors.
There was a lack of ownership of the health policy in non-health sectors.
The health policy was not formulated clearly enough, which made it hard to define the outcome due to lack of clear objectives and lack of baseline measures.
The municipal structure of parallel sectors made collaboration difficult.
Community participation was not ensured during implementation.

6.2 Main facilitating factors

This main facilitating factors, which were identified through the document analysis and interviews (*8*), are described below, with a summary listing in Table 8.

6.2.1 A new "mind-set"

Several informants stated that the intersectoral health policy facilitated a new "mind-set" among employees, which in turn promoted a focus on health issues in the work of other sectors. Therefore, the process of formulating the policy can be perceived as setting the agenda for working intersectorally for health in Varde municipality. Furthermore, several informants felt that awareness of the importance of integrating health into the work of other sectors had increased since the intersectoral health policy was formulated (*8*).

6.2.2 Political support

According to the documents analysis and interviews, political support was crucial, particularly during the development phase of the policy. In this phase the local politicians played an active role in discussing the document and proposing improvements to it. For instance, politicians advocated making the policy more reader-friendly with the aim of improving ownership among citizens (*8*).

6.2.3 Community participation

Another way of ensuring public involvement and participation in the health policy process was by inviting citizens, patients' associations and local clubs to a meeting in a leisure centre where a platform for subsequent work with the intersectoral health policy was created. Moreover it was possible for the public to give input via an interactive web page. In addition, local media were used to communicate with the community (*8*).

6.2.4 Use of local media

The document analysis clearly showed that the intersectoral health policy was often highlighted by the local media. Thus, media coverage was very important for the image of the health policy and for the awareness of policy development among citizens (*8*). Box 2 gives examples of media exposure.

Box 2. Examples of media exposure

One example of local media coverage of the intersectoral policy was an article titled "The big fun race" printed in the local newspaper *Lokalbladet Budstikken* on 4 March 2009. The article was an account of an event in which municipal employees, politicians and citizens promoted a new health tool, the jogging calendar, through a large jogging event.

Another example of the intersectoral approach to health being portrayed in a positive light in the media was the article "Bicycling citizens meeting each other half-way" from the newspaper *Jydske Vestkysten* on 18 May 2009. The described a new and highly popular cycling track between two villages in Varde municipality, emphasizing the importance of people with different professional backgrounds joining in a good cause to promote traffic safety and public health. Both articles refer to the health policy as an underlying motivational factor.

Media coverage described elements of the health policy process by inviting people to attend the public meetings, reporting on those meetings after they had taken place, and publishing news about the city council's decisions on the policy. "Health becomes the mantra in everything that takes place in Varde municipality," one newspaper article stated, while others drew attention to the importance of the intersectoral approach (e.g. if you build a road, add a cycle track) and the need for "health in everyday life". Among other topics, there was news coverage of the door-to-door distribution of the health policy and of initiatives to reduce consumption of unhealthy foods and to encourage jogging and cycling.

6.2.5 Establishment of "health networks" and the "Fund for Health"

The two specific outputs of the intersectoral health policy were establishment of "health networks" and a "Fund for Health". Many informants pointed out that these two instruments would be likely to play a significant role in supporting the implementation of the health policy (*8*).

The health networks were judged to be important because members of the network spread knowledge and information about health and health policy in their respective sectors. This will hopefully make employees more aware of interventions related to health and will help identify missing activities in the various sectors.

The Fund for Health was seen as a tangible motivation for the different sectors to collaborate and find intersectoral solutions. This fund was also seen as a way of overcoming the challenges related to the lack of financial benefits. The fact that the mayor of Varde municipality is chair of the committee that distributes money from the fund provides a strong political message of support for the health policy to the operational units of the municipality (*8*).

6.2.6 Collaboration with a research group

Results from the interviews showed that using the intersectoral health policy as a case-study for conducting research gave it more visibility and a higher priority in the municipality. Several informants suggested that collaboration between local government and a research group in the future could be used to improve the planning and evaluation of health policy (*8*).

6.2.7 Official status of the intersectoral health policy and improved links between sectors

The informants felt that, as a result of employees from different backgrounds getting together in meetings and project groups, common issues of different sectors were revealed. This would not necessarily happen in a traditional municipality structure with policies developed and implemented by one sector only. Interviews showed that the fact that the local city council formally approved the intersectoral approach of the health policy helped facilitate collaboration and gave the different sectors a clear mandate to engage. For example, one informant said that, because of the city council's approval of the approach, it is no longer necessary to ask for permission to work on health issues outside the limits of the social affairs and health sector (*8*).

Table 8. Summary of main facilitating factors

Main facilitating factors
A new "mind-set" helped employees see the relevance of working intersectorally.
Strong political support was crucial at the development stage.
Public meetings and an interactive web site helped promote community participation.
Use of local media facilitated distribution of information on intersectoral projects.
Establishment of "health networks" and the "Fund for Health" improved information-sharing and motivation.
Collaboration with a research group gave visibility and higher priority to the policy.
The official status of the policy led to improved links between sectors.

7. SUMMARY AND RECOMMENDATIONS

The previous chapters presented the challenges and facilitating factors for collaboration between sectors in developing and implementing an intersectoral health policy in Varde municipality. The results reveal the need for changes when developing the next version of the intersectoral health policy in Varde and provide lessons for other local governments to take into account when planning a process like the one in Varde. In this chapter the challenges and facilitating factors are discussed briefly and possible actions for change are suggested.

The municipal structure with parallel sectors was seen as a great challenge for working with intersectoral issues such as health. Traditionally, each sector deals with its own issues and there is very limited experience of intersectoral collaboration. The intersectoral health policy facilitated a new mind-set among employees in all sectors, promoting understanding of the benefits of working together on health issues across sectors. It appears that employees in non-health sectors developed an understanding of why health is also important in the work that they do. Moreover, the official status of the health policy and the intersectoral work improved the links between the various sectors. Because of this, it can be recommended to:

> **Put in place an official policy that can help foster intersectoral collaboration by giving sector employees a clear mandate to work with other sectors**.

Non-health sector employees perceived the health policy in Varde as an extra task and not as a supporting tool. This may be partly because the policy was not formulated clearly enough, making it difficult to define concrete outcomes. Moreover, the lack of baseline data complicates the measurement of improvements and hence hinders the motivation for making further efforts (both within and outside of the health sector). This also influences the difference in expectations and ambitions of the health sector and the non-health sectors. A method to facilitate consideration of health issues in non-health sector work could be to introduce the use of health impact assessments or other evaluation tools, making clear that awareness of health issues is part of every planning process. On the basis of this, it can be recommended to:

> **Define more specific objectives for the health policy. Solid baseline data are important for future policy evaluation and follow-up. Using health impact assessments for relevant activities in all sectors can be recommended.**

The initial representation in the policy project group, which coordinated the joint projects, was considered to be at too low a level for effective implementation and was changed from the administrative level to managerial level representation during policy process. This change supported further implementation and provided more ownership for the health policy across sectors. Therefore, it can be recommended to:

> **Ensure the appropriate level of representation in the main project/programme coordination group.**

Related to the above recommendation, there was a challenge in the fact that health sector employees were perceived by other sectors to be self-righteous. This contributed to lack of ownership of the health policy in non-health sectors. It can be recommended to:

Select as a programme coordinator or project secretary a person with a broader orientation than only health, so that he/she may better act as a bridge-builder between different sectors.

The health networks seemed to be a way of building motivation and ownership across sectors in Varde municipality. They were also an important way of distributing information in the organization. On the basis of this, it can be recommended to:

Engage all sectors from the beginning and ensure that information is shared within the sectors.

In the development phase of the Varde health policy, support provided by the city council was a great facilitator of the process, as was the use of local media to distribute information which helped ensure community participation. Unfortunately this involvement did not continue so successfully in the implementation phase. Therefore, it can be recommended to

Involve city council politicians throughout the process to maintain political attention, and involve citizens and local media throughout the process to ensure ownership.

One of the most frequently mentioned challenges to implementation was the lack of financial benefits at the beginning of the policy process. Establishment of the Fund for Health was an effective way of dealing with this challenge and the fund facilitated several collaborative projects on relevant health issues. On the basis of this, it is recommended to:

Establish a joint budget/fund to increase the incentives to work on health issues intersectorally.

The collaboration established between Varde municipality and researchers of the University of Southern Denmark was perceived to have a positive effect on the municipality's approach to the health policy. The collaboration gave the health policy process some positive publicity and, most importantly, it was seen as a way of facilitating a solid basis for evaluating the policy and strengthening both the approach and the methods used. Therefore, it can be recommended to:

Collaborate with a research group to facilitate a solid basis for evaluation of the policy and to strengthen the policy approach.

8. CONCLUSION

This study has evaluated the process of development and early implementation of an intersectoral health policy in Varde municipality in Denmark with emphasis on the challenges and facilitating factors in collaboration between different sectors.

This document serves as the first part of a process of evaluation of the intersectoral health policy in Varde. In general, more evidence is required on the long-term health impact of such policies. The health policy in Varde is still new and it will take years to obtain full implementation and to measure the effects at population level. Nevertheless, lessons learned from this case-study can serve as information for planning the development and implementation of the next version of Varde's intersectoral health policy. Moreover, valuable practical lessons can be drawn from this experience for other cities that are planning to introduce intersectoral health policies at the local government level.

* This study covered the development and implementation of the intersectoral health policy in Varde from 2007-2011. The first policy period was concluded at the end of 2012, and a new intersectoral health policy is now in preparation. Based on the experiences from this report, the municipality have chosen another strategy for this policy. The main policy is a two page long document with five health focus areas; physical activity, nutrition, hygiene, mental health and rehabilitation. For each of these focus areas a strategy needs to be developed. These strategies will be developed by intersectoral teams to ensure ownership across sectors. The policy and the strategies are expected to be approved by the City Council during 2014.

9. REFERENCES

1. *Adelaide Statement on Health in All Policies: moving towards shared governance for health and well-being*. Adelaide and Geneva, Government of South Australia and World Health Organization, 2010.

2. Yin RK. *Case study research: design and methods*. Thousand Oaks, CA, Sage Publications, 2003.

3. Rogers E. Diffusion of innovations. New York, The Free Press, 1995.

4. Danish Ministry of Interior and Health. 2011 data on web site (www.im.dk, accessed 10 January 2013).

5. Statistics Denmark. 2011 data on web site (www.dst.dk, accessed 10 January 2013).

6. Varde municipality. 2011 data on web site (www.vardekommune.dk, accessed 10 January 2013).

7. *How are you doing? A health profile*. Vejle, Region of Southern Denmark and National Institute of Public Health, 2010 (www.regionsyddanmark.dk/wm332863, accessed 10 January 2013).

8. Larsen M, Rantala R, Koudenburg OA, Gulis G. *Intersectoral action for health – the experience of a Danish municipality*. 2012 (unpublished).

9. Andersen PT, Jensen JJ. Healthcare reform in Denmark. *Scandinavian Journal of Public Health*, 2010, 38: 246–252.

10. Aarestrup AK, Due TD, Kamper-Jørgensen F. *Municipal health policies in Denmark – a mapping*. Copenhagen, National Institute of Public Health, 2007.

11. *Health policy 2008–2012*. Varde, Varde municipality (www.vardekommune.dk/sund, accessed 10 January 2013).

12. Constitution of the World Health Organization (Preamble). *Basic Documents*, Forty-fifth edition, Supplement. Geneva, World Health Organization, 2006.

13. *Project description. Health policy 2008–2012*. Varde, Varde municipality.

14. *Varde municipality health profile*. Vejle, Region of Southern Denmark, 2006 (www.regionsyddanmark.dk/wm204053, accessed 10 January 2013).

15. *De 14 Projekter (The 14 projects)*. Varde, Varde municipality, 2011 (www.vardekommune.dk/Borger/Kultur-og-fritid/Projekt-Breddeidraet/De-14-projekter.aspx, accessed 10 January 2013).

Annex 1

Semi-structured interview guide

Introduction: Specify to the informant that we are interested in hearing his or her experience/knowledge/attitude and not expecting to get a "correct" answer to all our questions. Informants should respond from their immediate experiences, and there is no answer that is right or wrong.
Interviews will generally not be treated anonymously but, if the informant wishes to remain anonymous, we can consider it.

The informant's role in health policy work:

- Tell us a little about your role in working with Varde municipality's intersectoral health policy.

Intersectoral policy aspect:

- It is stated that the health policy is intersectoral. What do you think about this statement?
- Which factors have made the health policy intersectoral?
- For what reason did Varde municipality choose to develop an intersectoral health policy?
- In which way have you tried to create ownership of health issues and of the health policy across sectors in the municipality?
- Do you have any experience with intersectoral collaboration from other projects or other work which you applied in your work with the health policy?
- Did you use other sources to capture knowledge and experiences?
- What/who has been the driving force behind the intersectoral collaboration for health?
- What has this meant?

Barriers and facilitators:

- What has helped to foster intersectoral collaboration in Varde municipality's health policy?
- How?
- Are there elements, not mentioned in the policy, which have facilitated intersectoral collaboration?
- What has hindered the intersectoral cooperation for health?

- How?
- Are there elements, not mentioned in the policy, which have hindered intersectoral collaboration?
- Does the intersectoral health policy serve as a framework for implementation of intersectoral action on health today?
- How?
- What do you think it would take to get Varde municipality really good at working with health issues across sectors?

Other relevant issues?

Author information

Maja Larsen, PhD
University of Southern Denmark, Institute of Public Health, Unit for Health Promotion Research
Niels Bohrs Vej 9, 6700 Esbjerg, Denmark
Email: malarsen@health.sdu.dk

Okje Anna Koudenburg, B.Sc
University of Southern Denmark, Institute of Public Health, Unit for Health Promotion Research
Niels Bohrs Vej 9, 6700 Esbjerg, Denmark
Email: okkou08@student.sdu.dk

Gabriel Gulis, PhD
University of Southern Denmark, Institute of Public Health, Unit for Health Promotion Research
Niels Bohrs Vej 9, 6700 Esbjerg, Denmark
Email: ggulis@health.sdu.dk

No conflict of interests to declare for any of the authors.