

Challenges and facilitators for intersectoral health policy in a Danish municipality

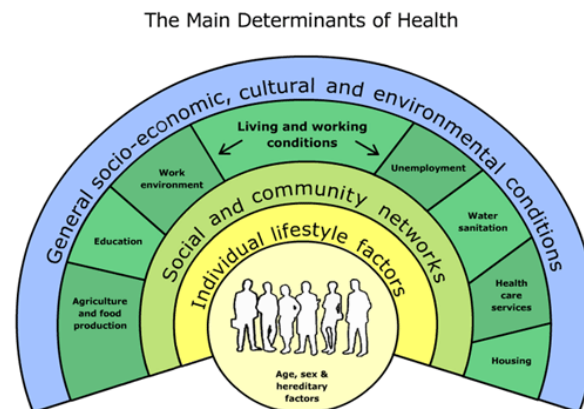
Larsen M, Koudenberg OA, Gulis G

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

malarsen@health.sdu.dk

Background

- Health in all policies
- Adelaide Statement – intersectoral public health
- Structural reform in Denmark



Dahlgren G. and Whitehead M. Policies and strategies to promote social equity in health. 1991. Stockholm Institute for Future Studies

Background

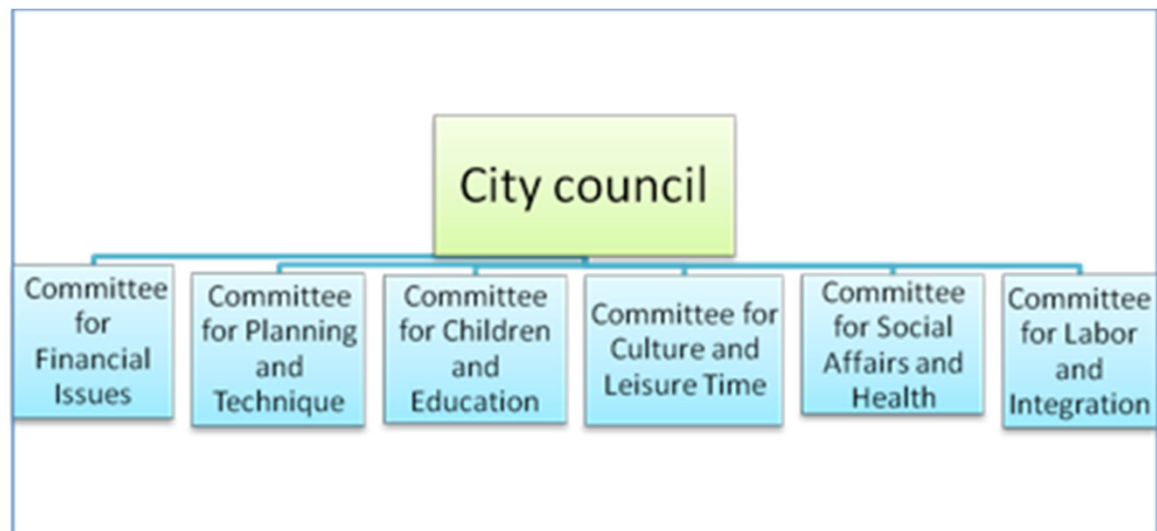
- WHO case studies on intersectoral health in urban settings
- Varde Municipality as case (more information on next slide)
 - "average" municipality in relation to size
 - very good collaboration with university → high accessibility
- Aim: To identify challenges and facilitators in collaboration between different sectors when developing and implementing an intersectoral health policy in Varde Municipality, Denmark

Varde Municipality

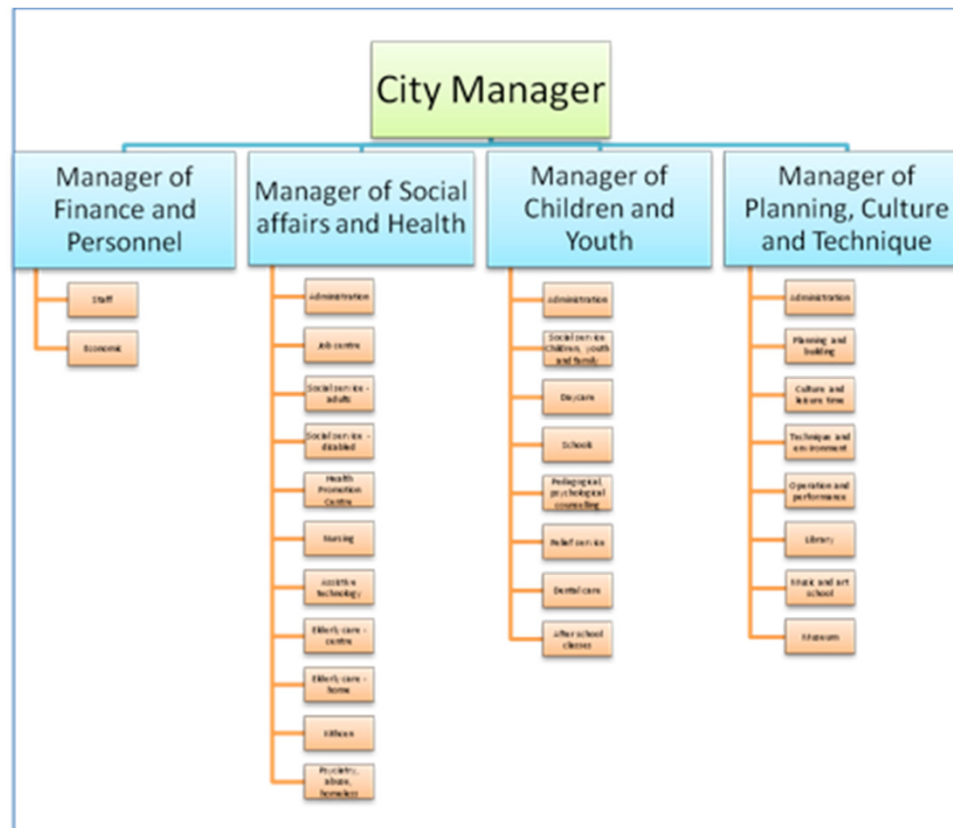


- Varde is a municipality in the Region of Southern Denmark on the west coast of the Jutland in southwest Denmark
- In terms of geographical area, Varde Municipality is the fifth largest municipality in Denmark with an area of 1255.79 km². At 1 January 2011 the municipality had a population of 50 351
- A health profile shows that 86.1% of citizens consider their own health as excellent, very good or good, 4500 citizens have a bad physical health status and 2800 have a bad mental health status.
- There is an inequality in health status with more poor health status and higher exposure to risk factors among less-educated persons and persons of other ethnicity than Danish (app 2.7 % of the population)

Political organization



Administrative organization



Varde's Intersectoral health policy 10 priority areas

1. Diet, smoking, alcohol, physical activity
2. Children and youth
3. Leisure time
4. Elderly
5. Vulnerable groups
6. Hygiene
7. Healthy workplace
8. Accidents
9. Environment
10. Chronic diseases

Method

- The study was carried out during spring 2011
- We used the case study method
- Approximately 500 pages of documents were identified and analyzed
- Semi-structured interviews were carried out with 9 key informants (more information on next slide)
- More to read:
www.who.int/kobe_centre/publications/intersection_health2011/en/index.html



Informants

1. Mayor (Head of City Council and the committee for financial issues)
2. City Manager (Head of all sector managers)
3. Head of the political committee for social affairs and health sector
4. Manager from finance and personnel sector
5. Manager from children and youth sector
6. Manager from planning, culture and technique sector
7. Manager from social affairs and health sector
8. Employee from children and youth sector
9. Employee from social affairs and health sector

Results (1)

Challenges identified:

- The policy was perceived as an extra task

“It is like we have to do health-stuff at the expense of our own tasks” (sector manager)

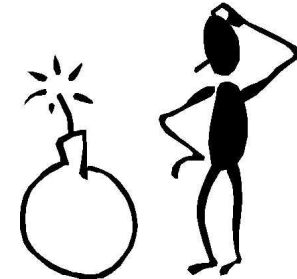
“Health is not always the most important – for example we also have to make sure that children learn to read” (sector manager)

- The policy was not accompanied by financial benefits

“Of course it would be easier if we had a lot of money to allocate directly, but health need to be taken care off within already existing budgets” (mayor)

- The health workers was perceived self-righteous and more important than persons from other sectors

“They sometimes forget that we also have other important things to do than helping with their health work” (sector manager)



Results (2)

Challenges (continued)

- Persons from other sectors found themselves in unknown territory when working with health issues

“It is not very nice to work with and discuss a topic that is not my main area of work – I don’t want to show my lack of knowledge” (sector manager)

- Level of ambitions was not matched between the different sectors

“We do not know when to stop and the health people seems to want more” (sector employee)

- Lack of ownership to the policy in other sectors than the Social affairs and Health sector

“It is like we have to push it towards other sectors and force them” (sector employee)

- Lack of clear objectives in the policy

“It isn’t very motivating to work with this health policy, because it is hard for me to really see where to put in my energy to achieve a goal”

Results (3)

Facilitators identified:

(actions that enabled developing and implementing the health policy)

- Great political support
- Public involvement through dialogue meetings
- Use of local media for distributing “good stories”



Results (4)

Facilitators (continued)

- Establishment of a “fund for health”
- Establishment of “health networks” in all sectors
- Collaboration with researchers



Conclusions

- The identified challenges and facilitators needs to be considered in future development and implementation of intersectoral health policy
- This will potentially increase the chance of successful and effective implementation of intersectoral action on health
- And so what? (Brief discussion of results)

