

# Keynote 5

## Intersectorality in Danish municipalities - A critical perspective

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# Setting: municipal health promotion

- Universal welfare state with decentralized governance structure
- Municipalities responsible for e.g. childcare, primary schools, elderly care, social services, employment services, urban planning etc.
- Municipal health services: e.g. children dentistry, home visits by community nurses, alcohol and drug treatment, among others

§ 119 Public Health Act:

Municipalities responsible for creating healthy settings and providing health promotion and prevention to its citizens

*“Prevention and health promotion are multisectoral tasks. Municipalities have good opportunities to adopt a holistic approach to the task of prevention and think health efforts together [i.e. integrate] with activities in other sectors, such as the social sector and environment, health, transportation, employment and education”*

(guidelines to the Danish Health Act)

# My PhD research

- Exploring the construction of social institutions in discourse and practice
- How the translation of ‘intersectoral action for health’ modified both the organization and the reform idea itself
- How SDH were constructed as an object of intervention through processes of intersectoral action
- Qualitative study – ethnographic fieldwork, interviews and observations
- Focus on the bureaucracy and policy processes

## Intersectoriality in Danish municipalities: corrupting the social determinants of health?

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### Summary

Action on the social determinants of health (SDH) through intersectoriality is often suggested to promote health and health equity. This paper argues that it is important to understand how the influences how the SDH are construed and acted upon in municipalities. In doing so, this article highlights the importance of making the intersectorial policy process legitimate.

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Critical Public Health, 2017  
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### RESEARCH PAPER

## Ambiguous expectations for intersectoral action for health: a document analysis of the Danish case

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BMC Health Services Research

### Open Access



### RESEARCH ARTICLE

## Elusive implementation: an ethnographic study of intersectoral policymaking for health

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### Commentary

## Rethinking the Theory of Change for Health in All Policies

Comment on “Health Promotion at Local Level in Norway: The Use of Public Health Coordinators and Health Overviews to Promote Fair Distribution Among Social Groups”

Ditte Heering Holt<sup>a</sup> 



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### SUPPLEMENT ARTICLE MBS502

## Time to dismiss the idea of a structural fix within government? An analysis of intersectoral action for health in Danish municipalities

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### Abstract

*Aim:* This paper examines the role of organizational structures within government(s) in attempts to implement intersectorial

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Health in All Policies: Comment on “Health promotion  
inators and health overviews to promote fair distribution  
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# Challenge: Engaging non-health sectors

Legitimate intersectoral action for health – avoid extra task → integration

- Health as a means, a tool, to achieve objectives of non-health sectors
  - i.e. physical activity to improve concentration and cognitive abilities
- Involves an instrumental perspective where health promotion is accepted if/when it creates added value  
i.e. support non-health sector objectives
- Involves a discursive distinction between health and other social issues

*“The core mission of the schools is learning. There is broad consensus about that. Then the thing about health has to be concerned with how we support the creation of a school environment where learning happens. So that's why it is important with health, to support other core services, rather than being the core task in itself.”*

(municipal bureaucrat from children and youth services)

# Corrupting the social determinants of health?

- Reduce what qualifies as a legitimate health promotion intervention
  - Core services of non-health sectors did not legitimately qualify as an object of intervention
  - Sometimes health as a means was translated as a means to cut costs
- Action on SDH:
  - reduced from broader determinants (e.g. education policy and environment)
  - Narrow approach focusing on creating healthy settings promoting physical health (e.g. physical activity and healthy diet)

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# Challenge: The myth of intersectoralism

Intersectoralism at both strategic, tactical and operational levels:

- Different competences
- Different organizational setup and governance

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SUPPLEMENT ARTICLE MBS502



Tensions between conflicting demands:

- Service delivery tasks vs. policy
- Health expertise vs. facilitation skills
- Visibility vs. integration
- Top-down vs. bottom-up

Time to dismiss the idea of a structural fix within government? An analysis of intersectoral action for health in Danish municipalities

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BMC Health Services Research

No organizational fix!

- Governance risk reproduce organizational problems

RESEARCH ARTICLE

Open Access



Elusive implementation: an ethnographic study of intersectoral policymaking for health

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# The intersectoral process is not neutral!

- Impacts how the social determinants of health are constructed and acted upon
- shapes the role and contribution of both health- and non-health sectors

# Potential ways forward

- Deconstruct the myth of intersectoralism
  - Qualify: What type of intersectoral action, what level, when etc.?
- Identify boundary issues
  - Break it down to 'manageable' problems between specific sectors/ departments
- Educate boundary spanners
  - Cultural understanding and appreciation of otherness
- Break down the public health silo

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