

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)

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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Article



Intersectorality in Danish municipalities: corrupting the social determinants of health?

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Challenge: The myth of intersectoralism

Intersectoralism at both strategic, tactical and operational levels:

- Different competences
- Different organizational setup and governance

Tensions between conflicting demands:

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

No organizational fix!

- Governance risk reproduce organizational problems

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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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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

Thank you for the attention

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