

A Strategic Approach to Health Promotion Across Municipal Departments

– Experiences from the 'Healthy Regions' project

Special Consultant Arne Gaarn & Consultant Ingvild Gundersen
Region of Southern Denmark

Head of Studies Anette Reinhold & NVIE Consultant Anette Nielsen
University College South Denmark



Summary

- In a Danish context, the municipalities are the relevant administrative body in relation to developing and implementing health strategies concerning public health issues.
- One major challenge facing the municipalities is to implement municipal health strategies across departments within the municipal administration. This is the key issue addressed in the Danish section of the Healthy Regions project.
- The approach to health can be organised in three different ways in Danish municipalities: as part of a specific municipal department (usually a health department); as part of a cross-departmental unit at a higher level in the organisation; or as a facet of all departments.
- The successful cross-departmental organisation of health issues in Danish municipalities is dependent on priorities at the political and management levels, the resources available for the task, a professional staff, and effective systems of coordination. Furthermore, health issues will benefit if different departments within the administration are dependent on each other's contributions to the task.
- The implementation of health measures across municipal departments is – like other big projects or processes of change – a very complex task, involving political and expert discourses and ordinary human reasoning, such as the common resistance to change.
- Three municipal cases show how municipalities can work strategically with processes of change related to cross-departmental health promotion, and how the cross-departmental perspective can be reflected in the organisation of the way health issues in general are dealt with.
- An overview model combining different approaches to consultancy within municipal health promotion projects have been developed from different municipal cases. The model can inspire external as well as internal consultants.

For further information, please contact:

Mr. Arne Gaarn
Special Consultant
Dept. of Municipal Cooperation
Region of Southern Denmark

E-mail arne.gaarn@regionsyddanmark.dk
Phone +45 29 20 12 81

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1. Introduction – Healthy Regions in a Danish context

1.1 Regional and municipal structure

In January 2007, a local government reform was implemented in Denmark. As a result of this reform, five regions were established from 14 smaller counties, and the former 271 municipalities were merged into 98 new and larger units. The Region of Southern Denmark has approximately 1,200,000 inhabitants divided among 22 municipalities. Thus, on average, the municipalities in the region have approximately 54,000 inhabitants.

The municipalities are the local administrative bodies. They have their own elected politicians, they collect taxes, and – within the bounds of national legislation and regulatory financial structures – they have some degree of autonomy to follow their own priorities and strategies. Similarly, the regions have their own elected politicians. The activities of the regions are funded partly by the national government, partly by the municipalities.

1.2 Shared regional-municipal responsibility for the health system

The health system is a shared responsibility between regions and municipalities. The regions are responsible for hospital services, psychiatry and health insurance, as well as general practitioners and specialists. Regional health activities and budgets are tightly regulated by agreements with the national government.

Municipalities are responsible for care and rehabilitation outside hospitals, for home care, local dental care, and social psychiatry. Furthermore, municipalities are responsible for preventive treatment and the treatment of alcohol and drug abuse.

1.3 Responsibility for health promotion and illness prevention in municipalities and regions

Basically, health care services in Denmark are organised to provide services at the lowest possible administrative level, that is, to provide services as close to the citizens as possible. This guiding principle is also valid for health promotion and illness prevention. Therefore, since January 2007, these tasks have been a municipal responsibility. Danish health legislation states that municipalities are responsible for creating settings for healthy living and for interventions concerning health promotion and illness prevention.

Citizens take advantage of municipal services on a lifelong basis, from childhood to old age. Their contact with the municipality involves services such as health visiting, day nurseries, kindergartens, state schools, after-school centres, social services, and the care of the elderly. Implementing health promotion effectively in these services offers a large potential for public health. However, there are also major challenges linked to the implementation of municipal health strategies across municipal administrative departments.

Regions are only responsible for health promotion in the case of patients in general practice and during hospitalisation. Due to the costs involved, hospitalisation is very effectively organized, aiming to reduce the patients' stay to the shortest possible time. In addition, outpatient treatment accounts for an increasing part of hospital activity. Therefore, the possibilities for implementing health promotion and illness prevention activities in hospitals are greatly limited. Health legislation states that the regions should provide counselling services for the municipalities in terms of health promotion and illness prevention, but using this

service is optional for the municipalities. Within this relationship, the regions have no authority to draw up health strategies on behalf of the municipalities. As a consequence, the regions, in order to fulfil their role, are dependent on delivering counselling services of high quality and on establishing and maintaining good relations with the municipalities.

University College South Denmark is an institution of higher education offering bachelor degrees and continuing professional education. UC South Denmark runs degree programmes leading to professional qualifications in areas such as nursing, occupational therapy, physiotherapy, midwifery, teaching, social education and social work, as well as courses at diploma and other levels in connection with continuing professional education. UC South Denmark runs a number of Centres of Excellence, offering consultancy services, surveys, teaching and other tasks related to and in cooperation with municipalities and institutions, principally within the public sector. The Centres work on the development of knowledge and methods and do a limited number of research tasks, in cooperation with lecturers from the degree courses. Thus, our main interest in the Healthy Regions Project is the development of knowledge and methods at the strategic level, as well as the development of knowledge and methods related to the translation of acquired knowledge into practical action. In this connection, the development of consultancy and teaching roles is of special importance to us.

1.4 The main challenges facing municipalities in terms of health promotion and illness prevention

Municipalities thus bear the primary responsibility for health promotion and illness prevention, and are able through their efforts to influence the structures supporting the lives and health-related behaviour of citizens. It should be stressed that the efforts made by municipalities in terms of health promotion and illness prevention cannot stand alone, but are partly dependent on state initiatives. For example, the state can influence health behaviour by measures such as taxes and dues, directives and prohibitions, age limits for the sale of tobacco and alcohol, etc. Within the particular sphere of influence of the municipalities there are a number of challenges, some of the most important of which are briefly described below.

Priorities and finances

At the present moment, strains on municipal finances, and the resulting priorities, offer a major challenge to efforts related to health promotion and illness prevention. There have already been several waves of cost-cutting in this area in a number of municipalities in the Region of Southern Denmark, in connection with general financial cutbacks. Health legislation does not lay down guidelines for the actual content or extent of the efforts made by municipalities in terms of health promotion and illness prevention, which may mean that they assign lower priorities to this area, concentrating on areas where legislation lays down in greater detail what services they have to offer. Another contributory reason may be that health promotion and illness prevention is a relatively new municipal task, and is therefore not regarded politically as a central management task compared to other public service areas; at the same time, citizens probably do not have the same expectations concerning municipal services in this area compared to more traditional service areas such as child-care, schools and the elderly.

Evidence and documentation

Another major challenge facing municipalities is to increase awareness of the effects of health promotion measures and how they should best be implemented¹. Work on health promotion measures has tradition-

¹ F. Diderichsen et al.: *Cooperation between research and practice in the field of preventative measures*, The Danish National Board of Health, 2009 [in Danish].

ally involved the use of projects, and the link from projects to actually running services in practice has been very tenuous. This may be partly due to the fact that work on health promotion measures has been and still is largely financed by grant funding, and the culture of evaluation and quality control has been somewhat less than systematic. Furthermore, very few projects concerning health promotion and illness prevention have been designed on a solid scientific basis, which makes it hard to generalise the knowledge generated by them. It is therefore very important that municipalities continue the work they have begun, by strengthening the culture of evaluation and documentation in the area of health promotion and illness prevention, including strengthening links to research institutions with a view to producing new knowledge. At the same time, it is important to support the spread of knowledge within and between municipalities.

Implementation of health promotion measures across municipal departments

Since the January 2007 structural reform, all Danish municipalities have formulated health policies focusing on general health, health promotion and illness prevention. In terms of leadership for change, it is common knowledge that making plans is the easiest part of a working strategically, while getting ideas implemented and rooted in practice is more difficult.

Preliminary discussions with municipalities in the region in connection with the Healthy Regions project revealed that the greatest challenge in terms of implementing health policies is to establish health promotion and illness prevention as an issue across the various municipal departments, so there is much work to be done on this issue. The leading idea here is to include health promotion and illness prevention measures in the daily routines of all operational staff in contact with citizens, within the whole range of municipal services that offer a potential for health promotion measures.

The challenge here – implementing health promotion and illness prevention across municipal departments – is very complex, comprising as it does a broad range of organisational, strategic, cultural and psychological factors, including:

- the involvement of the political stratum and top management in formulating objectives and strategies for the organisation;
- tackling the fact that different departments have different agendas: in one department health may be a goal in itself, while in another it may be a means to achieve other goals or some kind of positive side-effect;
- involving operational staff and tackling a variety of work cultures and procedures;
- strengthening and supporting knowledge, skills and competencies at management and operational levels;
- ensuring communication and the sharing of knowledge; and,
- tackling the normal human resistance to change across the whole organisation.

In the face of all this, the challenge may seem to be overwhelming, but taking it up is both important and necessary! If efforts concerning health promotion and illness prevention are confined to one department, a municipality may indeed be able to establish a number of services targeting selected groups, and thus achieve a modicum of success in terms of individual health, but this approach to organising health promotion work will hardly have any significant effect on the general level of public health in the municipality. In this document we will present a number of strategic considerations which can help us to meet this challenge.

1.5 The Healthy Regions project in the Region of Southern Denmark

Objectives

As we have seen, the municipalities are the relevant administrative bodies in terms of developing and implementing health strategies concerning local public health issues. As far as its goal of becoming a healthy region is concerned, the Region of Southern Denmark is dependent on the level of health in the 22 municipalities. Therefore, working on municipal health strategies became the focus of the Healthy Regions project in the Region of Southern Denmark. The objectives of the work done by the Region of Southern Denmark and University College South Denmark were:

1. to acquire and spread knowledge about municipal implementation processes concerning health promotion strategies across municipal departments;
2. to discuss and document specific municipal strategy processes within this field; and,
3. to reflect on the roles of consultants in municipal health promotion strategy processes.

In this document we present some overall reflections about working with municipal health strategies, and observations from three specific cases. The purpose of the document is to inspire other European regions or municipalities working on strategies concerning health promotion and illness prevention. The main target group is health planners within authorities that bear the main responsibility for regional or local health services. A secondary target group involves internal or external consultants working on the development of these services. The document is not an all-encompassing or in-depth analysis of municipal strategy work. However, we point out and discuss some central elements of this work, and hopefully this will generate reflections about current practice and give a qualitative lift to planning activities in other regions or municipalities.

Collaboration partners and Healthy Regions activities

In this project, the Region of Southern Denmark has collaborated with the Municipalities of Langeland and Fredericia. In the Municipality of Langeland, the region has been involved in aspects of health strategy processes on a consultancy basis. Together with discussions with municipal employees, this involvement has provided specific experience of carrying out strategy processes. As regards the Municipality of Fredericia, the region has observed and described the municipality's strategic approach to health promotion and illness prevention across municipal departments, though without direct involvement.

Further, we have acquired knowledge about health promotion strategies across municipal departments from other activities undertaken in our counselling services linked to the Healthy Regions project. These activities included one-day conferences on different subjects within this field, courses on implementation for municipal health planners, and counselling sessions in certain municipalities concerning strategic issues such as implementation.

University College South Denmark has contributed four projects. One of them started because the Municipality of Esbjerg was created from the merger of three municipalities in 2007. Because of this, the Municipality of Esbjerg wanted to formulate a new health policy, the overriding purpose of which was "to make the easy choice the healthy choice". At the same time, the health policy of the Municipality of Esbjerg had also to fulfil the national aims for health. The Municipality of Esbjerg consists of the city of Esbjerg, which is the 5th largest city in Denmark with 85,000 inhabitants, two smaller towns (Ribe and Bramming), and a lot of villages, both small and large. In all there are 115,000 inhabitants in the municipality.



The second project in Healthy Regions is 'ULF'. This project arose from a PhD project, and is about the Association of Disabled People in Denmark. In the third project we are cooperating with the Municipality of Billund, where we have been interviewing persons responsible for developing health strategies for the municipality. The project is about how managers can start thinking about developing health strategies in their municipalities, and especially how consultants can help managers in this process. In the Municipality of Billund we also run a project under the auspices of the Healthy Regions project. In this project we are consultants and trainers in a project aiming to train staff members to have a health approach both within the organisation and when meeting citizens. This project is funded by the Health Promotion Foundation.

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www.healthyregions.eu

2. The challenge of implementing health promotion across municipal departments

2.1 Introduction to the concept, 'cross-departmental health promotion'

As we have already indicated, efforts concerning health promotion and illness prevention can hardly be limited to one municipal department, as a health promotion approach applies to all aspects of people's daily lives. We may quote from the evaluation of a project entitled 'Copenhagen – a city on the move': "A health promotion approach applies to where we live, work, go to school, do leisure activities or move around in public space. Actual measures are directed at particular groups, but taken as a whole most areas of municipal responsibility are involved: day-care institutions, schools, municipal leisure centres, municipal support for leisure associations, health care, dental services, provision for the elderly, town planning in terms of parks, walkways and cycle tracks, social services related to substance abuse and social psychiatry, etc."². And further: "The nature of the task calls for coordination between administrative departments". *In this document we refer to cross-departmental work related to health promotion and illness prevention as 'cross-departmental health promotion'.*

This broad understanding of the health promotion approach is in complete accordance with the views put forward by Dahlgren & Whitehead (Figure 1)³. The diagram shows how various factors at a variety of levels interact to influence the ability of individuals to live a healthy life. An individual's choice of health and lifestyle, apart from being conditioned by individual psychological and biological factors, is equally influenced by the physical, social, cultural, political and economic conditions of which the individual is a part. In this way society helps to create the framework within which individuals act, and partly determines the resources available to individuals in everyday life. Based on this, it is clear that the whole area of health promotion and illness prevention is dependent on both national and local factors, and that a wide variety of departments need to be involved at the municipal level.

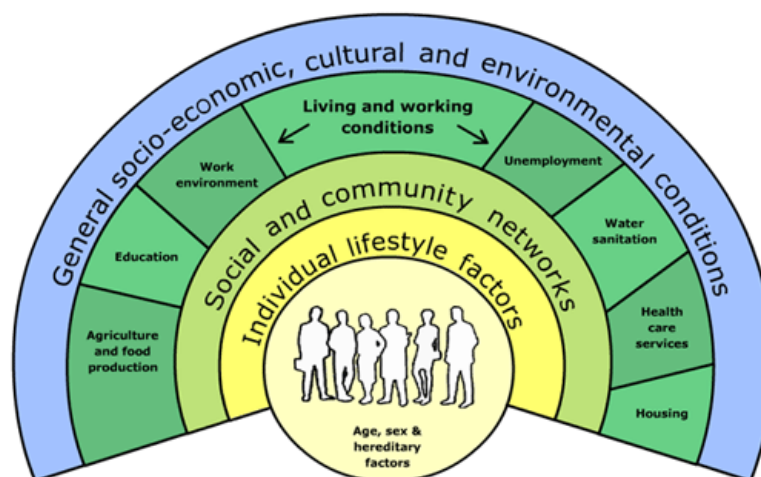


Figure 1. Determinants for health

² L.S. Petersen & B. Ibsen: *Copenhagen – a city on the move. An evaluation of the fitness strategy of the Municipality of Copenhagen*. University of Southern Denmark, 2009 [in Danish].

³ Originally described in G. Dahlgren & M. Whitehead: *Policies and strategies to promote equity in health*. Copenhagen, WHO Regional Office for Europe, 1992.

Establishing cross-departmental health promotion can be done in two ways. One way is that some aspects of the task are tackled by several departments as a cooperative effort, with the necessary coordination, communication, etc. The second way is to assign aspects of the task to different departments working in parallel 'columns' within the organisation without any real cross-departmental coordination of the individual tasks. Our use of the term 'cross-departmental health promotion' comprises both approaches. In practice, there will be aspects of the whole package of health promotion measures that can best be tackled by one particular department within its own remit, whilst other aspects are best tackled by practical cooperation between two or more departments. In addition, overall coordination of the whole set of tasks will be called for at the management level, including common priorities, strategic planning in relation to overall aims, etc.

2.2 The overall management aspects of cross-departmental health promotion

The cross-departmental element in the health promotion approach makes other demands on management than do tasks confined to individual administrative units or departments. The traditional model of hierarchical management, which represents the organisation as a pyramid, envisages a unified leadership finding a single solution to a single problem. Doing the job means making the necessary changes and overcoming resistance to them. In a management model based rather on networks, the organisation is divided into sections, which implies more managers, more problems and more solutions. Tasks are done not simply by making changes in each section of the organisation, but require those involved to adapt to each other⁴.

Cross-departmental health promotion comprises both types of management. The whole field of health promotion and illness prevention is so complex that it really cannot be tackled without cross-departmental coordination and mutual consideration. Furthermore, some of the initiatives relating to health promotion and illness prevention are a response to common problems and therefore inevitably involve several departments. This calls for discussion between the parties about common objectives and the way problems are to be tackled, though the task as a whole is so broad and complex that not everything can be coordinated. Therefore it may well be necessary to apportion aspects of the task to various subsections of the organisation in which more clear-cut types of leadership may apply.

2.3 The overall organisation of cross-departmental health promotion

Formal organisation is a central element in any strategic approach to tackling a broad problem area. In principal, a number of different forms of organisation could be selected for the field of health promotion and illness prevention, each with its advantages and disadvantages in terms of supporting the implementation of a cross-departmental health promotion approach. The authors of the evaluation report, 'Copenhagen – a city on the move', identify three principal forms of organisation, which are briefly outlined below.

Health promotion approach the responsibility of a special department

In this case, health promotion and illness prevention are the responsibility of one particular department, for example, a larger health department which is also responsible for care of the elderly and other health tasks (Figure 2). Health promotion measures can be divided into operational tasks involving actual services offered to citizens and patients, and tasks of a more developmental nature, such as projects and the like.

⁴ J. Seeman: *When organisations have to cooperate*. Presentation at a conference in the Region of Southern Denmark, September 2008 [in Danish].

This form of organisation does not conflict with the cross-departmental nature of the task. The main question concerning organisation in this connection is where the *main responsibility* for the health promotion approach lies in organisational terms – irrespective of the fact that different departments may be involved in carrying out health promotion tasks. In this form of organisation, therefore, the department that carries the main responsibility will be responsible for facilitating health promotion efforts in other departments.

The major advantages of this kind of organisation are that the department responsible may be expected to pay a lot of attention to, and accord a certain status to, the health promotion approach, and that it will establish a professional milieu with the necessary knowledge and skills. On the other hand, the disadvantage is that neither the other departments nor the coordinating management in the municipality can be expected to pay the same amount of attention to the health promotion approach, or to give it a high priority in terms of resources. In the other departments, the health promotion approach will be regarded as a secondary task in relation to their main tasks.

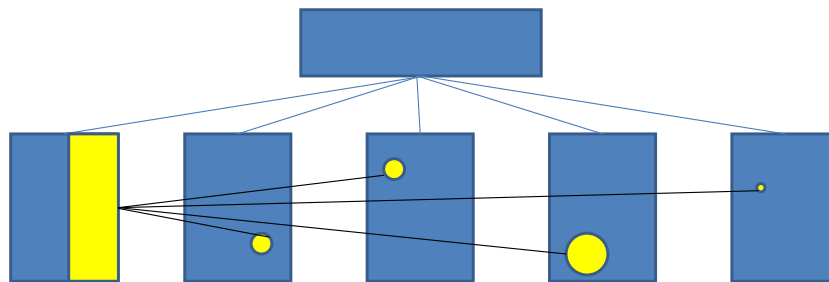


Figure 2. Health promotion the responsibility of a special department

Health promotion the responsibility of a cross-departmental unit

This form of organisation bears similarities to the previous one, since the health promotion approach is based in one particular administrative unit (Figure 3), though in this case the unit has cross-departmental responsibilities, for example a staff function. Such a unit will normally be placed high up in the organisational hierarchy, close to top management, and will typically be responsible for the overall coordination of the health promotion approach, the formulation and implementation of strategies and development tasks. On the other hand, it will not normally carry out operational tasks, which will be farmed out to various departments.

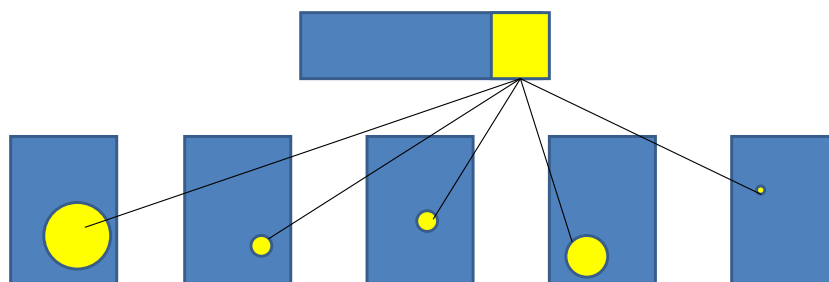


Figure 3. Health promotion the responsibility of a cross-departmental unit

The potential of this type of organisation is that placing responsibility for health promotion close to top management can help to give it a higher priority, not least financially. At the same time, this advantageous position adds greater weight in terms of influencing lower echelons of the organisation, both in the form of greater authority, visibility and ease of contact with the other departments, and in terms of offering financial incitements, assigning tasks, etc. This type of organisation does however present the challenge that the health promotion approach is not rooted in a professional health milieu. Furthermore, the fact that the strategic level and developmental tasks are separated from the operational level may have an adverse effect on motivation in the lower echelons. In this connection, Janne Seemann points out that the organisation of the field of health promotion and illness prevention calls for the balance between *segmentation* and *integration* to be established and constantly adjusted⁵. In other words: to what extent is cooperation weighed against autonomy, reciprocal dependence against independence, common against individual goals, and the 'we' feeling against individual identity?

Health promotion the responsibility of a unit in all departments

In this organisational model, the responsibility for health promotion is farmed out to smaller units in the operational departments (Figure 4), such that no single unit has the overall responsibility for other health promotion work done elsewhere in the organisation. Cross-unit coordination of tasks will typically take the form of a kind of network organisation, within which the activities of each unit are linked to its own agenda in the field of health promotion and illness prevention.

A clear advantage of this type of organisation is that strategic, developmental and operational work takes place within the same department, which may be presumed to stimulate greater motivation in those involved. At the same time, there will be a more widespread knowledge of the conditions and types of logic within which health promotion measures will be launched, thus providing the basis for a more successful implementation of these efforts. On the other hand, there will be uncertainty and presumably a great deal of variation in the extent to which the health promotion approach is accorded political and management priority in the individual departments, as it will still remain a secondary task in relation to their core remits. There is also a major risk that overall coordination will be weakened and that priorities will be influenced to too great an extent by the special interests of each department. In other words, there is a risk that the health promotion efforts of the municipality will not form a coherent whole. In addition there is also a risk that environments with sufficient professional expertise will not be created and that the professional health dimension will be given too little weight in prioritisation and planning processes.

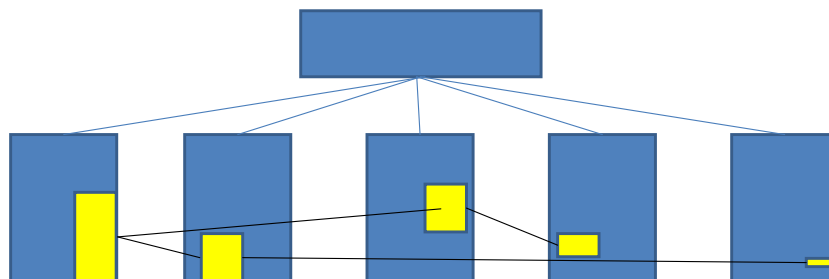


Figure 4. Health promotion the responsibility of a unit in all departments

⁵ J. Seemann: *When organisations have to cooperate*. Presentation at a conference in the Region of Southern Denmark, September 2008 [in Danish].

Cross-departmental health promotion in the three types of organisation

In all three types of organisation, health promotion efforts will to a certain extent be compartmentalised, in the sense that the various departments will perform health promotion activities related to their core remits. These efforts may well just be part of the general running of the department and not coordinated with others. In terms of the coordination of cross-departmental efforts in practice, and top-level management coordination of health promotion tasks as a whole, the three types of organisation create different sets of conditions.

The first model, where health promotion is the responsibility of a special department, calls for interaction and communication horizontally in the organisation. Here there is a certain parity between departments, in the sense that decisions made in the department that bears the responsibility carry no greater weight than decisions made in the operational department 'on the receiving end'. In this type of organisation, health promotion activities will be added on to the core remit of the operational department.

In the second model, communication is vertical and coordination is linked to the established hierarchical structure in the organisation. Goals, priorities and strategies are determined at the top and communicated downwards. Coordination by the central administrative unit depends on the operational departments communicating upwards how they have actually translated centralised decisions into practice. In the case of this model, too, health promotion activities will be added on to the core remit of the operational departments.

In the third model, where health promotion is the responsibility of a unit in all departments, communication and coordination will typically require a matrix organisation, in which heads of departments, managers with particular expertise or heads of institutions from the various departments form cross-departmental coordination groups answerable to top management. In the case of this model, health promotion activities are, in principal, integrated into day-to-day operations.

The communication routes described here are simply an expression of the formal frameworks created by each of these models. In practice, communication and coordination are much more varied. For example, a hierarchical model of decision-making might easily encompass approaches that involve people through dialogue, participation, etc. In other words, a number of other, 'softer' factors play an important role in the coordination of cross-departmental health promotion.

On the basis of the above review there is no reason to recommend one form of organisation rather than another, as they all have their pros and cons. In the last analysis, it is a question of what is given the most weight in a given municipality: a robust professional milieu, priorities determined centrally or decentrally, strategic tasks linked to or separated from operational tasks, and so on. Concluding this section we must emphasise that no municipality can organise itself out of the need for coordination! Health promotion requires the involvement of many operational units, so no matter what the organisational diagram looks like, there will be interfaces between various units and therefore a need for coordination – coordination, in fact, within each department as well, right down to the level of interaction between individuals. These remarks clearly underline the point that any formal organisation only provides the overall framework and the way decisions are made, and that a range of factors related to the organisation's culture, communication patterns, and so on, are vital to the way in which 'cross-departmental health promotion' is managed in practice.

2.4 Organisational points of awareness

The authors of the evaluation report, 'Copenhagen – a city on the move', list a number of recommendations concerning organisational factors central to the ability of municipalities to implement health promotion and illness prevention in relevant departments. We have chosen to regard these recommendations as *organisational points of awareness*. We present them in the following along with our comments.

Giving health promotion measures high priority

Health promotion measures must be given high financial priority in the municipality and must be the object of political and management awareness. This awareness is a precondition for giving them high financial priority, for a high level of ambition and for ensuring unremitting efforts to realise these ambitions. We noted in the introduction that in Denmark at the moment it is something of a challenge to get high financial priority for health promotion measures. We might add to this that differences in political attitudes to the sharing of responsibility for the health of individuals between the individual and society also pose another potential challenge. However, this challenge is mostly evident in discussions of health promotion measures at the national level (state taxes, dues, directives and prohibitions contra the opportunities of individuals to choose a healthy lifestyle themselves), whilst the same differences in attitudes are generally not found at the municipal level, where there is a general consensus on the need for health promotion measures.

Professional milieu and cross-departmental cooperation

The authors recommend that municipalities establish a centre of professional expertise for the health promotion approach, that is, a solid professional milieu with the knowledge, skills and competencies which the rest of the organisation can draw upon. They also recommend that managers and key staff working with health promotion measures form part of a cross-departmental coordination group, even though this particular move will not per se solve all coordination requirements. An important *point of awareness* here is that as a supplement to the coordination group, some staff should be given the explicit task of helping to forge links between the departments. Furthermore, coordination works better if those cooperating in various areas are likely to be doing so for some time; short projects and frequent staff turnover are not conducive to a cooperative atmosphere.

Incentives and relationships

The authors emphasise that operational departments will be more motivated to make an effort if they are allocated extra resources, removing the need to draw off resources from their core tasks. Søren Winter, an implementation researcher, calls this a reciprocal relationship between departments⁶. He operates with different kinds of dependency relationships between departments that have to cooperate on a given task, and his theories are useful as an inspiration to the way tasks may be solved in the area of health promotion measures.

Relationships between departments can be *sequential*, i.e. department B is dependent on a delivery from department A in order to carry out its role in the implementation of the task, whereas A is not dependent on B. For example: the health department in a municipality is dependent on the recreation and parks department (and the relevant political sub-committees) giving priority to a system of paths to promote physical activity. Conversely, the work of the health department is irrelevant to the tasks of the recreation and parks department. Such a relationship can make it difficult to get things done.

⁶ S. Winter: *Implementation across the board and out to the farthest link*. Presentation at a conference in the Region of Southern Denmark, September 2009 [in Danish].

So, the relationship can also be *reciprocal*. In this case, in order to make their contributions, department A is dependent on department B, and B on A. A kind of exchange relationship based on negotiation is established between the departments; in such cases, implementation calls for a lot of coordination, but is often successful. In terms of health promotion, for example, the responsibility might lie with a special department, and this department has been allotted an annual operating budget to 'order' health promotion services from other departments. In this case funds are the means of exchange. The evaluation report from the Municipality of Copenhagen notes as a *point of awareness* that a suitable level of possible conflict between departments makes for a more dynamic and innovative milieu. This could arise, for example, if departments have to compete to get a share of internal funding earmarked for health promotion measures.

Another example of reciprocal relationships is when health promotion measures are 'sold' to operational departments as a means to the partial fulfilment of some of the department's objectives. One example could be teachers who fit physical activities into school breaks, so that pupils are more concentrated and ready to learn after the break. In this case, health is not a goal in itself, but a means to achieve another goal. Health can thus be seen as a *goal*, a *means* or a *positive side-effect* in relation to the activities of any particular department; in fact the health department may be the only place where health is a goal in itself. In a number of other departments health may be a means: social services may see health promotion initiatives as a way to improve the health of the unemployed, preparing them to re-enter the job market more quickly; services for the elderly can use health promotion activities to make the elderly more self-sufficient and less dependent on help; in schools and kindergartens physical activity can increase concentration and the ability to learn. In terms of the tasks to be solved by municipal technical services, health-promoting activities for citizens do not provide a direct contribution, but health can be a positive side-effect of, for example, the construction of paths for walking and cycling.

When the department responsible for health promotion is trying to promote the whole idea in other departments, the above approach can be a very well-chosen argument in the ongoing dialogue. The scenario here is very close to the *point of awareness* described in the evaluation report from the Municipality of Copenhagen, which emphasises that the involvement of any particular department in health promotion efforts depends on whether there is agreement between the department's interests, target groups, and so on, and the type of health promotion measures they are being asked to cooperate on. A final *point of awareness* is that when cooperating, departments should take into account differences in each other's goals, routines, ways of thinking, and so on. With respect to this as well, a dialogue about health as a goal, a means or a positive side-effect can be useful as a way to clarify people's expectations and promote an understanding of each other's motives.

2.5 Anchoring and change – implementation of cross-departmental health promotion

In the previous sections we have reflected on different ways of organising health promotion and have identified a number of organisational *points of awareness*, based on a cross-departmental approach within organisations. In this section we shall take a closer look at the challenges that may arise in connection with the *implementation* of cross-departmental health promotion, that is when municipalities are confronted, as many are, with the process of developing, expanding and systematising health promotion efforts across a number of departments. Here our perspective is not the way things are organised within organisations, but rather the longitudinal phases of the process, which involves the political and management levels, the planning level and the operational level.

Cross-departmental health promotion may be seen as a project of organisational change. Such projects generally involve a developmental aspect and are characterised by the fact that the goals and the services to be delivered are seldom clearly defined from the outset⁷. The effect to be aimed at will be correspondingly unclear. The developmental aspect of such a project of organisational change entails a lot of renegotiation of goals and expectations on the part of those assigning tasks and other interested parties. At the same time, the structure of the process and how to proceed will often be established as things proceed.

We will make use of a simple model that summarises and illustrated the process in broad outline, using three main phases (Figure 5)⁸. The basic idea is that all major processes and projects of change contain three phases: *anchoring, planning and change*.

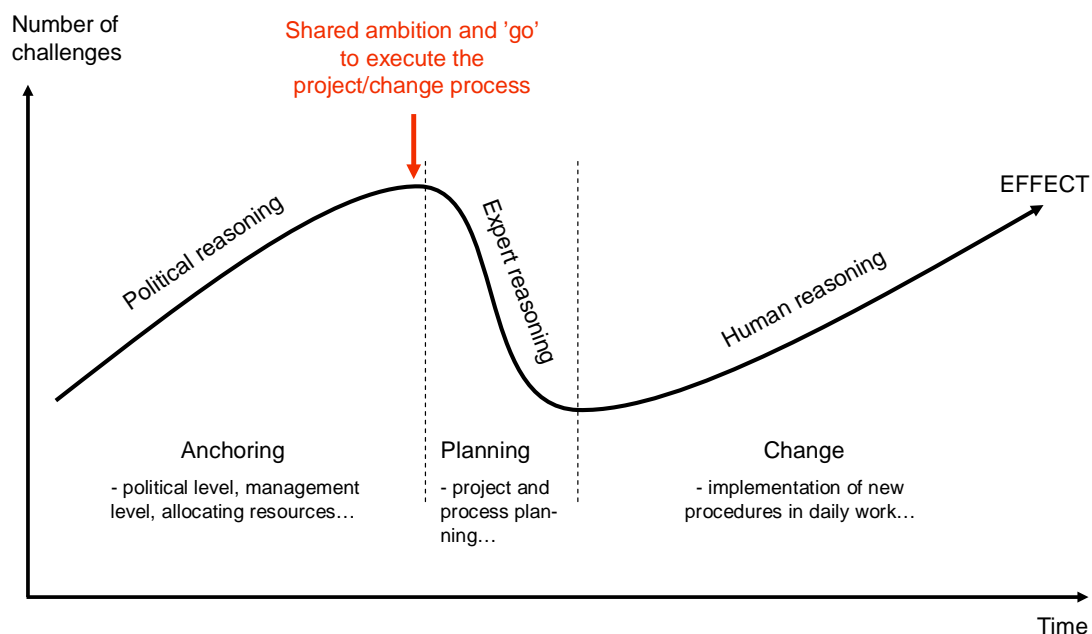


Figure 5. Phases in projects and processes of change

In the anchoring phase, central decisions about required changes or the project itself are taken at the political or management levels, and financial and manpower resources are allocated. Hopefully, this phase will produce well-informed, unanimous decisions about planned changes and a clear, common statement of ambitions on the part of the managers involved. The second phase covers the actual planning, for example, specific project and activity descriptions, timelines, process charts, etc. One could argue that some planning takes place before the anchoring phase, but here we are referring to the actual planning of activities following up on political and management decisions.

Finally, the change phase, in which field workers begin to alter some work routines and thus make real changes in everyday life (e.g., a home help who shows senior citizens how to clean their own homes rather

⁷ M. Lindegaard & J.R. Olsson: *Power in projects and portfolios*. The Danish Association of Lawyers and Economists Press, 2005 [in Danish].

⁸ Freely adapted from C. Ingemann, Kvantesspring Ltd. Personal Communication.

than doing it for them; or a teacher who starts talking to pupils about their diet, etc.). Real change only occurs in this phase – hopefully comprehensive and deep-rooted enough to create the desired effect.

A staff member or project manager working with health promotion must be prepared to negotiate some very different styles of reasoning. The first phase is dominated by political reasoning (financial considerations, visions of the future, personal profiling, etc.). A project manager who is not well aware of this type of reasoning will find it difficult to get the right kind of mandate to actually carry through the project or process of change. Often, a practically-minded project manager will be tempted to get to work at once with the target group of the planned change, and may find that they are reluctant to spend time and other resources on a process of change which they do not see as their main agenda – for example, staff in a department which does not have health promotion as its primary operational area. The target group may indeed simply refuse to cooperate, at which point it will become evident whether the mandate for change is solid enough, and whether the political and managerial levels support the project and will take a lead in the process of change. If the mandate is not solid enough, the project manager may be left to his or her own devices and will have little chance of successfully carrying through the project. What the project manager is facing here is the kind of human reasoning behind the general human resistance to change. People generally, though in varying degrees, need time to understand, incorporate and adapt to change⁹.

A project manager will very often represent the professional or expert reasoning applied in the planning phase. In this phase, the project manager uses skills related to project management and the area of expertise behind the project theme. In the field of health promotion, one often meets project managers who are very well qualified in terms of this expertise, but who lack the training to understand the types of political and general human reasoning that have to be tackled in the course of the project.

On the diagram, the planning phase is shown moving 'downhill', to emphasise that this phase faces fewer challenges, though 'fewer' should be understood in figurative rather than mathematical terms. Theoretical discussions about the area of expertise (for example, concerning the right choice of methods) may well take place in the planning phase, but in principle working out project descriptions, timelines, etc., are relatively uncomplicated tasks. The degree of challenge is limited in what is by and large a 'desk job'. Even involving the target group at this point in order to may allowances for their working conditions in the planning phase is relatively easy, as most people are quite ready to speak if someone will listen to them – which is pure human reasoning! The anchoring phase is more 'uphill', as it can be hard to get an explicit, consensual political or managerial decision and statement of ambition. The project has to be sold to the right people, there will be conflicting agendas and the whole process calls for negotiation and compromise. If managers take short cuts through the process and make decisions without a broad enough consensus, this will often boomerang back at some later time when the process of change turns out to require a stronger mandate. Any lack of common purpose among the managers involved will become abundantly clear at this point in time.

The point is not that a perfectly-managed project glides smoothly through the phases; even in the case of processes of change with top-notch project and process management, situations can arise in which it may be necessary to refer back and strengthen the mandate, revive previous discussions, etc. In this sense the phases should in reality be regarded as cyclic, rather than the linear process depicted in the diagram. The point is that it is important to be aware of the factors illustrated by the diagram in connection with the im-

⁹ Z. Elvang: Presentation at a course on implementation in the Region of Southern Denmark, November 2009 [in Danish].



plementation of major health promotion health projects. This is especially important in the case of cross-departmental health promotion, as major initiatives in this field often need to be anchored in managerial terms across departments, or politically across several sub-committees. Furthermore, the comprehensive implementation of cross-departmental health promotion will require the involvement of a pretty large number of field workers in major operational areas in various departments. The task of implementation is thus both comprehensive and complex in nature.



3. Case: Municipality of Langeland – a strategic approach to cross-departmental health promotion

3.1 Introduction

The Municipality of Langeland is an island in the south of Denmark, off Denmark's second-largest island, Funen. Langeland is about 52km long and 11km wide; the municipality has a total area of 291km² and 13,493 inhabitants (April 2010). Historically, seafaring and fishery were the most important ways of earning a living; today, tourism is an important source of income on this picturesque island with its wonderful natural amenities.

A large part of the health promotion measures in the municipality are based on the Health Promotion Centre, originally started by the County of Funen, but taken over by the Municipality of Langeland at the end of 2005 in connection with the municipal reform being introduced nationally at the time. The Health Promotion Centre does development and project work, as well as providing various services for the citizens. In organisational terms, the Centre comes under the Health Department and can best be compared to the first organisational model described in section 2.3.



Figure 6. Danish municipalities with Langeland in red

The Municipality of Langeland has gained relevant experience from previous projects involving health promotion work done by operational staff working in various professional areas. Due to one particular major project, care workers are now trying to activate citizens to increase their level of functioning and make them more able to help themselves. In connection with these efforts, physiotherapists and occupational therapists have advised care workers in order to help change their routines – efforts that are now fully incorporated into the day-to-day running of the municipality.

3.2 The health policy of the Municipality of Langeland

In 2009, the Municipality of Langeland formulated a health policy statement, which was politically approved. This health policy is cross-sectoral and therefore applies to all departments. In general, health policy statements in municipalities in the Region of Southern Denmark vary widely: some are very general in tone, presenting the overall aims for health in the municipality; others are more detailed and contain specific indicators for the effect the policy should have on the health of the population. The health policy of the Municipality of Langeland is of the former kind, setting out goals and frameworks. It possesses a number of obvious strong points: externally, it is a good communication tool; and internally it is well suited to involving people.

The health policy of the Municipality of Langeland defines a number of focus areas in which health promotion measures are to be implemented. Goals are set out for each focus area, and in some cases responsibility is assigned, but the policy statement does not identify actual measures or specific objectives related to the focus areas. For example, within the focus area, 'physical activity', the policy statement sets out the goal of increasing the number of citizens who are physically active. According to the policy statement, the

role of the municipality is to inform citizens, set up the physical facilities, list and encourage people to join in opportunities for physical exercise in the municipality, to make efforts to stimulate physically inactive target groups, and the like.

The policy statement then points out that citizens are responsible for their own daily physical exercise and that of their families, for joining relevant clubs and associations, and so on. Finally, clubs and associations are reminded that they should provide a wide range of opportunities for exercise that can attract citizens "not accustomed to taking exercise". The health policy statement makes an explicit distinction between the responsibilities of the municipality, those of citizens, and the responsibilities of clubs, associations, etc. This is clearly an advantage when communicating with external partners, such as patients' associations, who provide a health promotion service in the grey area between the tasks of public authorities and those pertaining to civil society or private agencies.

This approach to the health policy has had the positive side-effect that politicians, when working on the formulation of the health policy statement, have actually had the opportunity to discuss political issues! What we mean here, is that drawing a line between the responsibilities of the municipality and those of the citizens is a purely political discussion, and not a topic that can be tackled administratively. In this matter, the particular Danish context is that general health promotion measures aimed at citizens are a relatively new task for municipalities, which is why it is important for them to establish a political agenda, so that political discussions and decisions can help provide the whole field of public health with identity and direction. Finally, the health policy statement, by clearly stating the responsibilities of the municipality, provides a common platform for the dialogue the health department needs to engage in with other operational departments.

3.3 Involving the management

As part of its strategic approach, the health department of the Municipality of Langeland entered into discussions with the management level (the Chief Executive and key managers further down the organisation) about cross-departmental health promotion. The starting point for this dialogue was that a health policy statement had been passed politically and had to be followed up in practice. Here we will not provide details of discussions and results, but rather the ideas behind the way the process was stage managed, as these can be generalised and may serve as an inspiration to other regions and municipalities. Below we list the steps involved in discussions at managerial level, adding our own comments to each step. Generally speaking, the steps or topics listed below were starting points for an open discussion within the management.

(1) Point of departure in the Municipality of Langeland:

- *The Municipal Council has approved a health policy statement presenting a vision of a long and healthy life for citizens. The policy statement clearly defines the responsibilities we must live up to as a municipality.*
- *At the present time we do not have an overview of the health promotion and illness prevention efforts being made in the municipality.*
- *We have no overall health strategy for the municipality ('strategy' in the sense of a plan to implement the policy statement).*
- *There is only limited interdisciplinary cooperation concerning health.*
- *Some parts of the organisation have only a limited knowledge of the other specialist groups.*

This point of departure served to provide an overview of the situation at the time – especially for those in management not dealing with health matters on a daily basis; it was directed at the managerial level, stressing key concepts such as municipal responsibility, the overall view, strategy and cooperation.

(2) Premises for developing a strategy:

- *We shall live up to the responsibility made clear by the municipality in the policy statement.*
- *Our ambition must be a marked improvement in public health; our measures must go beyond selected target groups, and in all cases must our efforts be systematic and coordinated.*
- *We must focus on health in those areas where health workers are already in close contact with citizens.*
- *The daily practice of health workers must be enriched with new routines that prevent illness or promote health for citizens.*

The central point of departure was to create a consensus, seeing health as the responsibility of everyone in the municipality. In this connection, the policy statement was an excellent basis for discussion, in that it defined the areas of municipal responsibility; the Chief Executive was bound to respect politically sanctioned areas of responsibility, even though health was not the primary agenda within the administration. If the policy statement had been more detailed (specific focus areas or indicators), the management might have found it harder to make the policy their own. As it was, the overall intentions were clear and allowed individual departments to influence the implementation of the policy statement.

Another important element in these discussions was to assign a level of ambition to the agenda. This is something that has to be discussed at the managerial level: are we satisfied with raising the level of health in selected groups, or do we want to improve public health in general? It was also important to reach agreement on the premise that awareness of health promotion and illness prevention among health workers must be increased if efforts are to be directed more broadly, and not just towards a few selected target groups.

(3) What motives do we have as management to work with health promotion and illness prevention?

- *The task is laid down by law – though its scope is not defined*
- *How high is the political priority accorded this task in the municipality?*
- *Is health a means to some higher political goal, such as increasing the population of the municipality¹⁰?*
- *Can health be a means to achieving goals in other areas, such as learning in school children, the functional level of the elderly, or job readiness in the case of the unemployed?*
- *Are there other management motives?*

At the outset, the discussion was mainly about responsibility, which was meant to stimulate positive motivation for the subject at the managerial level. Thus, the question encouraged reflection on why managers should be interested in health promotion and illness prevention, and especially how this area can be used

¹⁰ Note that the Municipality of Langeland is geographically a fringe municipality, with a population density less than the average, in which citizens of lower social status are overrepresented. This is why attracting socioeconomically more advantaged citizens is a central theme in the thinking of the municipality.

as a means to achieve other goals. At the same time, this discussion was meant to reveal political attitudes to health promotion and illness prevention.

(4) Moving the process on:	
<ul style="list-style-type: none"> • <i>What kind of process is needed if each member of staff is to help the municipality live up to its responsibility for health promotion?</i> • <i>What kind of implementation tactics should be chosen – should the process start with selected departments, or at the same time for all, and on what scale?</i> • <i>Should the process be determined by the political level, the managerial level, or by the staff?</i> • <i>Should the process be seen as a trial project in the municipality, or as permanent operational effort?</i> 	

At this stage of the discussion, the managerial level was expected to put its stamp on the rest of the process; in particular, the choice of implementation strategy was a task suited to this level. Figure 7 illustrates this in a slightly simplified form. The main question is whether the implementation of new routines for health workers should take place throughout the whole organisation from the start, or only be concentrated on certain specialist groups. The advantages of spreading it throughout the whole organisation might be the awakening of a common enthusiasm across the board, and that managers, with a common focus, can draw on each other's experience. Conversely, this is a huge process of change to be tackled at one time, so it may be better gradually to build up experience by starting with fewer specialist areas. Another aspect is the scale of the changes to be introduced: one can choose either to introduce some of the changes to the specialist groups involved, or to introduce them all at once. Once more, it might be better to break the process down into manageable portions, as stretching the process over a longer period may lead to a certain amount of 'change fatigue'.

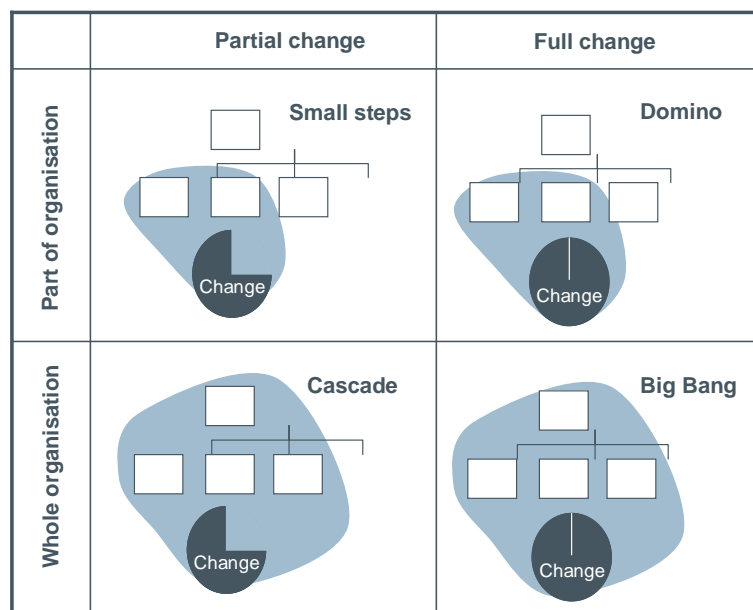


Figure 7. Implementation tactics for processes of change

3.4 Involving the service areas

When the Region of South Denmark ended its involvement in the Municipality of Langeland at the end of the Healthy Regions project, a possible process for involving the various service areas in cross-departmental health promotion was on the drawing board, but they were not as yet being systematically involved.

In order to give people a sense of ownership, the idea was to talk to the service areas in order to find common ground on the question of health and to implement the selected measures as a way of tackling the core tasks of each service area. The matrix below was designed to register those goals and core tasks of the service areas which health promotion measures might support. The health department's own input to the matrix would provide a rough guide to the use of health promotion as a means in various service areas, but the idea was to move on to more detailed content, filling out the matrix in cooperation with top management, middle management and perhaps some key staff from the service areas. The point was to stress that the health policy statement lays out the municipality's responsibility for health promotion, thus focusing on the advantages of health promotion rather than on the difficulties experienced by most service areas who are asked to contribute to what is for them a secondary task. The matrix was intended to form the basis for the selection of measures that could be trialled and implemented in the various service areas.

Service area	Goals and core tasks	Possible effects of health measures on goals, core tasks and resources in the short and long term.	Cases
Employment & Commerce			
Schools			
Child Care			
Culture and Leisure			
The Elderly			
Rehabilitation			
Disabilities & Psychiatry			
Social Services			
Technical & Environmental			
Citizens Advice			

Figur 8. Matrix to register goals and core tasks of the service areas which health promotion might support

3.5 Concluding reflections

There are two concluding reflections after working on strategies in Langeland.

Firstly, the strategic discussions at the management level about cross-departmental health promotion were spread out over a long period of time, but no clear strategy has filtered down through the organisation. This indicates that the challenge of implementing health promotion across departments or service areas is very difficult to meet, involving as it does a very complex process of change. The decisive point is to ensure that the change process is firmly anchored at the management level. One aspect of this is to create a clear *shared ambition* (cf. Figure 5: 'Phases in projects and processes of change'). Another aspect involves creating consensus at the managerial level about the importance of the task, so that it can percolate down through the organisation despite a large number of players and agendas. At the same time it is important to get an overall grasp of the task, for example, by clearly identifying goals and the agents who are to sup-

ply services, breaking these down in turn into manageable steps that the organisation or parts of it can actually work with. Finally, it is important to sustain the momentum of change in all sections of the organisation, to avoid it trickling to a halt and having to be renegotiated too often at the management level.

Secondly, a very difficult balance has to be maintained between running the implementation of cross-departmental health promotion as a top-down or bottom-up process. On the one hand, clear signals about the visions of management and politicians are indispensable drivers of the change process. On the other hand, the 'ownership of change' is especially important when new levels of the organisation are being asked to integrate the approach: first the top managers, then heads of departments and institutions, and finally their staff. Change processes in connection with cross-departmental health promotion must therefore follow a cyclic path, so that each successive level of the organisation is involved in discussing how the task is to be tackled, while the overall visions and expectations are clearly communicated throughout the organisation.

4. Case: The Municipality of Fredericia – cross-disciplinary approach to cross-departmental health promotion

4.1 Introduction

Geographically, the Municipality of Fredericia is centrally situated in Denmark. The town of Fredericia was originally built as a fortress; today it is an important traffic junction, thanks to its deep-water harbour and large railway station. The municipality has a total area of 134km² and 49,978 inhabitants (April 2010). It is almost exclusively urban; only a small hinterland is found within its boundaries. The Municipality of Fredericia was not amalgamated with other municipalities in connection with the 2007 municipal reform.

Health promotion efforts in The Municipality of Fredericia are based on the cross-disciplinary Secretariat of Health, which we will describe in more detail in the following.



Figure 9. Danish municipalities with Fredericia in red

4.2 How the municipality tackles the field of health promotion and illness prevention

Cross-departmental responsibility for health promotion and illness prevention

The Municipality of Fredericia has chosen a cross-departmental type of organisation in relation to health promotion and illness prevention, aiming to make the promotion of health a natural part of all areas of expertise in the municipality. The municipality took as its starting point the official glossary on Section 119 of the Health Act, which stresses that health promotion and illness prevention is a cross-sectoral task, because: "...the planning of many other (welfare) areas is important for health, such as the environment, the work environment, traffic, employment, leisure, teaching and not least the social services". This approach is very much in line with the Dahlgren and Whitehead model of the central determinants for health, as illustrated in section 2.1 (Figure 1).

In order to ensure the cross-departmental anchoring of health promotion and illness prevention, the Municipality of Fredericia decided not to centralise the work (e.g., in a Health Centre) Instead they established a decentralised form of organisation to stress that health promotion must not be seen as an area of expertise merely added on to the others, or as a standing alone. On account of the complexity of the field, the municipality took the view that it makes sense to link health promotion to those professional activities that make up the core services, such as teaching, counselling, child care and care work in general.

Cross-departmental organisation

The health policy of the municipality is cross-departmental. This means policy statements from all departments may include health as an element (e.g., job market policies, school and youth policies and commercial policies) (Figure 9). *The Health Sub-Committee* is the source of health policy but in order to ensure the cross-departmental anchoring of this policy, the day-to-day responsibility is in the hands of the *Health Programme Steering Group*. This is a cross-departmental group, consisting of managers from the professions and groups of staff represented in the municipality, as well as the Head of the Care, Health and Job Market Department, who chairs the group. The tasks of the Steering Group are:

- to implement the health policy of the municipality;
- to create an overview of the health services and activities offered by the municipality;
- to provide material for political reports and decision-making processes;
- to make the municipality's health promotion measures public; and,
- to collect knowledge about health measures that have been carried out.

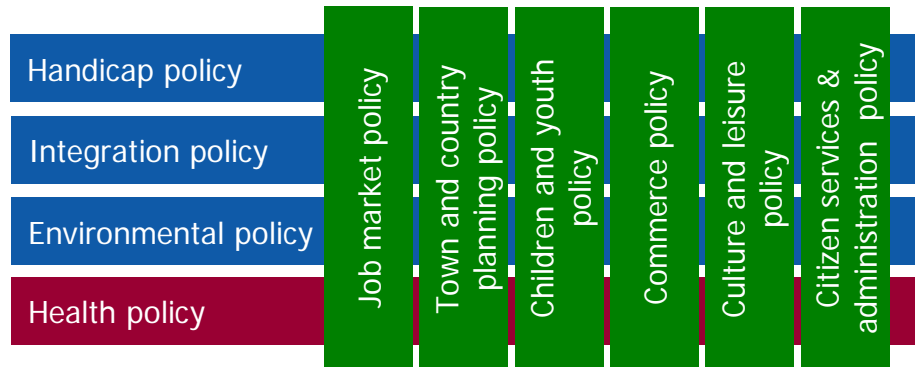


Figure 10. Departmental and cross-departmental policies in the Municipality of Fredericia. Departmental policies (vertical) are coupled to administrative departments; cross-departmental policies (horizontal) involve more than one department.

By decentralising responsibility for health promotion, the municipality wishes to generalise this area, so that knowledge of it will become widespread in the organisation. At the same time, the municipality recognises the need within the municipality for an independent corpus of expertise about health promotion, and to this end a cross-departmental *Health Secretariat* has been set up, which will function as a repository of knowledge about health. The Health Secretariat will support the work done on health promotion by the specialist departments and the Steering Group, and is answerable to the Head of the Care, Health and Job Market Department. This position in the organisation can be compared to the type of organisation shown in Figure 3 (Section 2.3), in which health promotion is the responsibility of a cross-departmental administrative unit. The whole purpose of this close connection to top management is to avoid any planning being done in matters relating to health which is not coordinated with, for example, long-term municipal plans or plans made for particular departments.

The main task of the Health Secretariat is to take care of basic strategic aspects of all health care in the municipality, such as:

- to formulate and carry out the municipal health policy;
- to support specialist departments by offering health promotion activities and opportunities to citizens;
- to prepare agreements with the Region of Southern Denmark concerning the coordination of health services; and,
- to examine ways of reducing costs in connection with health promotion and illness prevention.

4.3 Health policy

A cross-departmental health policy

As we have mentioned earlier, a new regional and municipal structure was introduced in Denmark on 1 January 2007, but even before the reform came into force the municipal council in Fredericia had already formulated a number of visions and ideas as to the content of the health policy in the municipality (which was not amalgamated with other municipalities in connection with the reform). These visions and ideas were later supplemented with other ideas and suggestions from specialist departments within the municipality. A temporary health policy was drafted in 2007. However, it was felt that the prioritisation of political goals and focus areas connected with health should be based on empirical data, so the municipality carried out a health survey among the population in 2007. The data gathered in this way was used in the formulation of a health policy for the years 2008-2011. Moreover, the special needs and challenges identified by the investigation were used as a 'battering ram' in efforts to anchor the whole health enterprise in other specialist areas in the municipality.

When formulating the health policy, the municipality wanted a policy with both general and detailed goals that could be evaluated, and insisted that the health policy should cut across all specialist areas in the municipality. They were well aware that in contrast to departmental policies, where the question of 'ownership' is clear, cross-departmental policies can be hard to implement – which is why the cross-departmental health policy was to be anchored across all departments.

Focus areas in the health policy

From the very first draft in 2007, the overall aim of the health policy was to promote social equality in terms of health. This focus has proved to be a valuable angle when approaching other departments in the municipality, and has thus made a positive contribution to the cross-departmental anchoring of the policy.

The social equality goal was used as a framework for the choice of focus areas in health. Furthermore, based on the investigation carried out by the municipality in 2007, six focus areas were identified in the health policy as calling for a special effort, in the first place to the end of 2010¹¹:

1) Children and young people and the circles they move in; 2) Smoking; 3) Adults – especially the unemployed on special or illness benefits, and those in jobs with little education; 4) Physical exercise; 5) The health problems of the chronically ill; and, 6) Health in certain urban areas.

Descriptions of activities and political health goals have been drawn up for each focus area. To make sure the work is progressing, there is a quarterly review of what has been achieved in each focus area. In this way, the descriptions of activities can be used as steering tools in connection with the implementation of the health policy.

To help formulate the descriptions of activities for the focus areas, theme meetings are planned, attended by key persons from the many of the specialist departments in the municipality. Apart from identifying of activities, these cross-departmental theme meetings will be used to present an updated review of the work being done and to create both a conceptual framework and a common discourse concerning health promotion and illness prevention.

¹¹ *The Health Policy of the Municipality of Fredericia – Lifelong Health 2008-2011*. The Municipality of Fredericia, 2008.

The cross-departmental implementation of the health policy

The Health Committee was looking for a dialogue with the other standing committees in the municipality about the implementation of the health policy. So the Health Secretariat organised a series of meetings with the other specialist departments, at which the Health Committee invited itself to visit the other committees. The recurring theme at these meetings was social inequality in health matters, but other themes appeared on the agenda, such as the data from the health survey, the goals and activities specified in the health policy and the goals and focus areas in the descriptions of activities. The meetings led to 37 conclusions, which were later incorporated into the descriptions of activities on the health front for 2010. Due to the positive response to these cross-departmental meetings, the Health Committee scheduled a new round of meetings for the autumn of 2010.

4.4 Knowledge-sharing within the organisation

A cross-departmental network about pioneering efforts in the health sector

Apart from the main focus areas in the health policy, the municipal council has selected a number of focus areas to which special attention should be paid. These areas are called 'pioneering efforts' and were selected in connection with a survey of health promotion services offered in the municipality. The criteria on which the selection was made were that the focus areas should: offer the opportunity for learning new methods across the municipality, be focused on the involvement of citizens and include the goal of promoting social equality in matters of health.

Pioneering efforts in the health sector include: health committees at schools; kindergartens with a physical education profile; efforts to reduce absences due to illness; a survey of, and policies relating to physical exercise facilities; promoting health on a socially underprivileged housing estate (Korskærparken); early identification of cases of COPD; and schools with a physical education profile.

The project leaders, or whoever is responsible for the pioneering efforts, form a network with the aim of supporting cross-departmental knowledge sharing in the municipality. This network is an attempt to shift cross-departmental cooperation regarding health promotion and illness prevention a step further down the ladder; cooperation is relatively well-established at the top and middle management levels, but needs to be spread to the level of project leaders and planners and also to operational staff.

A virtual health centre

The Municipality of Fredericia has chosen to establish a virtual rather than a physical health centre¹². The purpose of this is to entrench health matters in all municipal activities and to avoid health promotion and illness prevention becoming a specialist area, and one physically isolated from all the others.

In the light of the challenge of increasing social inequality in terms of health, the municipality has concluded that a virtual health centre is a more appropriate strategy than a traditional health centre. The available evidence for this includes attitudes revealed in several surveys, which show that those people who find it most difficult to take care of their own health and who are most in need of health promotion services are those least likely to visit a place quite foreign to them, like a health centre. The idea behind the

¹² Ms Helene Bækmark, Head of the Care, Health and Job Market Department and Chair of the Health Programme Steering Group: *Public Health without Walls*. Submitted to an essay competition about the organisation of a municipal health centre launched by The Health Insurance. Municipality of Fredericia, 2008.

virtual health centre is to ensure that services concerning health promotion and illness prevention should be offered to citizens there where they are.

So far, the municipality's virtual health centre consists of a website (www.fredericiasundhed.dk). The website contains a database in which about 80 different health promotion and illness prevention activities are registered. The idea is that the website should be a dynamic place, allowing people to follow developments in the health services and activities offered by the municipality. By presenting these services, the municipality hopes it will be possible:

- to discover possible lacunae in the services offered, seen in relation to the health policy of the municipality;
- to uncover new health resource persons and thus establish contacts and spread expertise across the organisation;
- to uncover new external cooperative partners;
- to make the total health programme of the municipality more visible;
- to coordinate municipal efforts in larger packages; and,
- to establish a platform for the further expansion of shared expertise about methods, etc., thus establishing a progression in municipal health measures by constantly building on acquired experience.

4.5 Concluding reflections

Advantages and disadvantages of a cross-departmental anchoring of health promotion

Danish municipalities are tightening their belts at the moment, so if health promotion is to move forward it is even more important to explain to politicians and managers how the municipality is working systematically with health promotion and illness prevention. In such a situation, one can imagine that there will be both advantages and disadvantages in a cross-departmental anchoring of health promotion.

If many of the health promotion efforts are linked to core remits in several departments, this might offer the financial advantage that health promotion will not be as hard hit by cut-backs as it would be if it were centralised in one particular area of expertise. However, this positive effect will depend on how successfully giving health promotion a high priority has embedded in the various departments.

Conversely, one runs the risk that departments that do not have health promotion as part of their core remit will give it a lower priority than their central tasks. In order to forestall such a situation, it is important to be aware of the nature of the interrelationship between the areas of expertise involved. Thus it will strengthen the cause if health promotion is tackled in such a way as to establish mutual relations between the section responsible for health promotion and the other departments in the municipality (see section 2.3). It might, for example, be the case that the section responsible for health promotion has the means to pay other areas of expertise to carry out health promotion measures, or that health promotion is systematically used as a means to support the way in which other areas of expertise carry out their central tasks, so that the section responsible for health promotion is an indispensable supporting partner. However, if the interrelationship is such that the section responsible for health promotion is completely dependent on the willingness of other areas of expertise to cooperate in health promotion, hard economic facts may mean lowering the priority of health promotion efforts.

The importance of operational staff for the cross-departmental anchoring of health promotion

The experience gained in the Municipality of Fredericia and other organisations that work cross-departmentally shows how hard it is to carry this approach and the actual cooperation it entails to planners and service staff at the operational level. It pays to be aware of this, as the role of operational staff is critical for the implementation and anchoring of cross-departmental health promotion. It is they who are in direct contact with citizens, so their attitudes and behaviour have a significant influence on whether the intentions of the health policy are put into practice or not. We know too little about how best to manage operational staff with regard to the implementation of new tasks and routines, but it is certain that the following factors are very important:

- clear signals about the policy they are being asked to support;
- selecting staff who fit the goals; and,
- continuing professional education¹³.

The cross-departmental networks set up by the Municipality of Fredericia in connection with the municipality's pioneering efforts in health promotion are an attempt to firmly embed health promotion at the planning level. Research into implementation has shown that cooperation in cross-departmental groups may have a positive effect, because:

- people often feel considerable loyalty to the common task;
- it is a way of ensuring broad staff support for the efforts being made; and,
- it is a way of ensuring political support for these efforts.

Nonetheless, we have very little real knowledge of the gains offered by such cross-departmental groups.¹³

¹³ S. Winter: *Implementation across the board and out to the farthest link*. Presentation at a conference in the Region of Southern Denmark, September 2009 [in Danish].

5. Case: The Municipality of Billund

5.1 Introduction

The Municipality of Billund is a rural municipality with a population of 26,000. It consists of two not very large towns and some smaller towns and villages. The organisation of the municipality involves a number of departments, including a department responsible for health promotion, illness prevention, care of the elderly and home help (see section 2.3, Figure 2: *Health promotion the responsibility of a special department*).

Through the project described below, top management is aiming to place health promotion and illness prevention on the agenda in all municipal departments. All departments must include this area in their respective visions and goals. The administrative style is thus something like '*Health promotion as the responsibility of a cross-departmental unit*' (see Figure 3, section 2.3), but it is not a clear cut case. This becomes apparent in the health promotion project, aimed at all employees, developed by the Municipality of Billund in cooperation with University College South Denmark (see section 5.3 below).



Figure 11. Danish municipalities with Billund in red.

The University College's consultancy services in Billund concern two separate projects. They are, however, connected, since the health promotion project aimed at municipal staff has occasioned further consideration of the strategies for health promotion in the municipality as a whole.

5.2 The staff health policy of the municipality and the health promotion project

Politicians in the Municipality of Billund have passed a health policy for employees which has been accepted by the health committee set up by the employees themselves. The policy contains the following statement: "The Municipality of Billund wants health and the promotion of health to be a central point of focus, incorporated into all political decisions concerning personnel". The need for dialogue, development and respect are also mentioned. The goals of the health policy are:

- to ensure lifelong health for all employees;
- that all employees should experience physical, mental and social well-being and lead satisfied lives;
- that all workplaces in the municipality have a health promotion policy based on the basic factors of Diet, Smoking, Alcohol and Exercise and on job satisfaction;
- to ensure the taking of measures focused on the health of employees and on a health promotion approach which will prevent illness;
- that there should be an ongoing evaluation of measures taken;
- that information about, and experience gained from these measures, should be widely available;
- that all personnel should assume responsibility for their own health and have the opportunity to make healthy choices.¹⁴

¹⁴ *Health Policy for Employees of the Municipality of Billund*. Municipality of Billund, 2008.

A brief description of the project

The Municipality of Billund launched this project in association with three companies, Modulx A/S, 3F and Cimber – Gyttegaard Golfcenter. The Danish Forest and Nature Agency is a partner in the development of physical activities in Gyttegaard Forest. The project has been developed in cooperation with University College South Denmark. The chief aim is to implement the health policy for **all personnel** in the municipality and the three companies participating in the project. Employees from the municipality and the companies participate on an equal footing with managers. **The focus** of the project is health promotion and not on illness prevention.

In order to fulfil the above aim and focus three project groups have been set up: one with a focus on physical activities; one with a focus on food, alcohol and smoking; and one with a focus on well-being and success stories. In the three groups there are employees from each of the companies involved in the project. In each group there are project consultants (lecturers from University College South Denmark): a physiotherapist in the group of physical activities; a nurse in the group concerning food, alcohol and smoking; and an occupational therapist in the group concerning well-being and the success stories. Students from the Faculty of Health at University College South Denmark have been involved throughout the whole project. Employees from the municipality and from each company are represented in all project groups. Some of these employees will take a course as health ambassadors.

The project contains seven different parts or phases:

1. **Seminar for all leaders.** The aim is to get them involved in the project, so that they can encourage their employees to participate. Before that, all personnel were given a leaflet in explaining what was going to happen in the project.
2. **After-work meetings** for all employees in different locations in the municipality. At these meetings there will be an introduction to the project, the health policy and the opportunities the project will offer personnel over the next two years.
3. **Start of various activities.** After the meetings, employees will be ready to start various activities. Before this, the project consultant and a couple of employees from the municipalities will check out what possibilities for activities already exist. In this period of time activities will be developed in association with The Danish Forest and Nature Agency.
4. **75 Health ambassadors** will be trained at the start of the project. Their job will be to inspire others; to be the facilitators for health promotion projects all over the municipality and in companies with regard to their own colleagues. Their job continues when this project has finished. Their work is facilitated in a physical network and IT-based network.
5. **Body screening and motivations score.** All employees are offered to fill in a body screening and a motivation score. Students analyse the charts and on this basis place the employees in different groups of activities according to their needs and wishes. In relation to each activity, students instruct the employees in groups. The activities can have a focus on 1) physical activities, 2) food, alcohol and smoking or 3) well-being and success stories.
6. **Possibilities for daily life activities.** In this part of the project, the physiotherapist and the occupational therapist visit selected workplaces in the municipality and the companies, aiming to discover different kinds of opportunities for physical activities in people's daily work.
7. **Evaluation.** While the project is running, and until it has finished in 2011, there is an ongoing evaluation of the project in terms of both effect/outcome and the process. Therefore the evalua-

tions are qualitative as well as quantitative. Lecturers from University College South Jutland are the evaluators for the project.

As we have said, this project formed the basis of the next one, which is briefly described below.

5.3 Investigation of consultancy services concerning a health promotion project for employees

The aim of this project is to investigate how consultancy services could be improved in the case of a municipality which is starting to develop and implement strategies and measures for health promotion and illness prevention among the employees of the municipality as well as in three companies in the municipality. The project aims to develop a model for future consultancy services in an organisation working with health promotion and illness prevention, looking at strengths and weaknesses, and the role, function and spheres of action of consultants.

We will investigate what the Municipality of Billund is thinking about health and health strategies, and how it sees the future development of health strategies in the municipality, including what it thinks is required to get started with health promotion and illness prevention initiatives. Relevant questions are: what barriers and openings do people see?; what resources already exist in the municipality which can promote this work?; and what existing structures and resources are there that a health policy could build on? Our concept of health is based on the WHO definition¹⁵, as represented in Dahlgreen and Whitehead's model for health (see section 2.1 and Figure 1)¹⁶.

Investigation of consultancy services at the strategic level in the Municipality of Billund

We have conducted and analysed interviews with the Head of the Health Department and the Health Consultant with a view to considering what is needed when a municipality starts working with health promotion. Based on our analysis and the experience gained from health promotion work in the Municipality of Esbjerg (see section 1.5), we will present some reflections on what topics consultants would do well to be aware of when helping a municipality or organisation to start working on health promotion for their personnel and citizens in general.

We used the dialogue tool created within the framework of the Healthy Regions project as an inspiration for the questions used in an interview guide for interviewing a manager (Head of the Health Department) and a Health Consultant at the strategic level in the Municipality of Billund. We have been inspired by some of the following eight themes in the dialogue tool: 1) Health and health promotion; 2) Health and learning; 3) Health and culture; 4) Level of the strategic health approach; 5) Level of health competencies; 6) Level of empowerment; 7) Level and mainstreaming; and 8) Health as an economic growth sector.

¹⁵ The Danish Nurses' Organization (DNO) (1998): *Health for all in the 21st century* (in Danish). World Health Organization (1999): *HEALTH21: The health for all policy framework for the WHO European Region*. Regional Office for Europe, Copenhagen.

¹⁶ G. Dahlgreen & M. Whitehead (1992): *Policies and strategies to promote equity in Health*. World Health Organization, Regional Office for Europe, Copenhagen.

5.4 Concluding reflections

Preconditions for implementing major health promotion projects

The Department of Health in the Municipality of Billund has appointed a Health Consultant, well aware that without a dedicated specialist in health promotion it can be very difficult indeed to develop, and especially implement, health promotion measures. Yet despite the work done by the Health Consultant it is clear that the backing of top and middle managers in the other departments is called for if the health promotion approach is to have an effect over and beyond the initial period when everything seems new and exciting.

However, a top-down approach at the strategic level is not enough; there must be real and visible support from managers. In the departments involved in health promotion there have to be some enthusiastic souls who can carry on with the work after the honeymoon period – a bottom-up approach. It would appear that the most difficult thing is not to find such enthusiasts, but to gain the backing and involvement of the managers. In Billund, as in the case of the organisation model from Fredericia, the fact that different areas of expertise are involved in the project groups has had a positive effect, as these people are very loyal to the task. The positive effect has been especially evident in those departments where health promotion and illness prevention are not primary focus areas.

Preconditions for the development and execution of major health promotion projects

The Municipality of Billund, recognising the need, has assigned dedicated funding for health promotion, which means that to a certain extent staff from other departments can be 'hired' – rather like the 'swap' situation mentioned in the case from Fredericia. However, the funds assigned are not enough to cover major health promotion projects, so external funding has to be found, which is a challenging task (one may recall that funding from the Health Promotion Foundation made possible the health promotion project in Billund). Another factor, however, is the size of the municipality, as it has become evident that one health consultant alone cannot shoulder the burden of major health promotion projects. External consultants with knowledge and experience of such projects will have to be called in. In our experience, large municipalities such as Esbjerg are better equipped to meet the financial and planning challenges involved, so their needs are more related to continuing professional education in the area of health promotion.

Creating the context for successful implementation

Experience from countless projects shows how difficult it is to get them implemented after the end of the project period. Experience from the present project has identified certain factors that consultants should consider in their work – whether working internally in an organisation, or called in from outside. Apart from those already mentioned we may add the following:

- Is the venture selected and managed in a top-down or bottom-up fashion?
- Is the target group perceived to need the project?
- How may the target group be given ownership of the project?
- How do we reach the target group?
- Is there clarity about the aims and content of the project?
- What management skills are involved in the project?
- What professional skills are available to the project?
- Who keeps a watchful eye on the project?
- How is the project to be kept moving during and after the project period?
- How may the project become part of day-to-day work after the project period?



It might appear obvious that these factors be thought through before the start of the project, but in practice things are not so simple. For a variety of reasons, the people who might be expected to clarify them may not take part in preparatory meetings, or are otherwise not available. It can therefore be important for the success of the project that the project consultant carefully chooses those who are to attend preparatory meetings.



6. The role of consultants in the development and implementation of health promotion projects

6.1 Introduction

University College South Denmark joined the Healthy Regions project with the following main goals:

- the development of knowledge and methods at the strategic level;
- the generation of knowledge and methods to put it into practice; and,
- clarification of the roles of consultants and instructors when dealing with municipalities.

Above we have described the development of knowledge and methods at the strategic level in connection with projects in three municipalities. In addition there are other reports: from previous projects in the Municipality of Esbjerg concerning health ambassadors and the development of the scenario-planning model; from an empowerment project ('Viggos Vanskelige Verden') in cooperation with an NGO; and an end-user investigation in the Municipality of Varde with a view to clarifying the wishes of citizens, and the problems and opportunities that arise when working with health.

We will now analyse the experience gained from consultancy jobs and the role of consultants – in connection with strategy formulation, development and implementation – to present the model for how consultants can approach the work which was designed in the course of the project. The following section thus refers to Figure 5 (Section 2.4): 'Phases in projects and processes of change'.

6.2 Experience from the cases

The Municipality of Billund

The experience gained here about the role of consultants was mostly in connection with the launching of a cross-departmental health promotion project. It consists of reflections on what issues external consultants shall make sure are clarified in Phase 1 (see Figure 5), and how they should go about this. This is all about securing a basis and mandate for the project, about what needs developing and about the implementation of development projects. In this case, the consultant plays an exploratory role; he or she must ensure that enough time and attention are set aside for this phase, as the credibility of the whole project depends on this being done properly.

The data contains examples of many activities in relation to which consultants play a coordinating role, ensuring that things happen at the right time and encouraging internal cooperative partners to take an active role. Consultants play a decisive role throughout the implementation phase (Figure 5), both in terms of supporting the implementation of the health strategy, and of getting the organisation to assume ownership of both process and product, so that the project becomes part of the day-to-day running of the organisation when the consultant's work is done.

Another role played by consultants in connection with this project was to plan and carry out the training of health ambassadors, the idea being that they would be able to continue the health promotion work at places of work throughout the municipality when the project was over. This training helps to make it very likely that the project will become part of the daily running of the organisation at the end of the project.

This job calls for a consultant with a solid academic and professional background; who is good at starting processes and rounding them off; who is able to achieve a clearly-defined goal or product; who is able to navigate among many different interested parties and their agendas; and who can start up different kinds of educational or training courses. In connection with the role of the consultant we have been inspired by Schein's ideas concerning process consultants¹⁷, which emphasise that how things are done is more important than what is done. According to Schein, consultants must be able to distinguish between three basic models:

- The Expert model ('Selling and telling'): typically, the client has a problem which they cannot solve and need help with.
- The Doctor-Patient model: an organisation hires a consultant to check if the organisation is functioning as it should, or why some things are not.
- The Process Consultant: a process of development takes place in collaboration between the client (organisation) and the consultant, and as a result the client becomes better equipped to tackle future problems.

Just as in the Billund project, the training of health ambassadors and certified coaches was part of the consultant's task in the Esbjerg project. In this case, the consultant was working both at the strategic level and at the operational level (organising and running training courses).

The scenario planning model

The scenario planning model was used to develop the template for a citizen satisfaction survey, which proved to be useable as a model for use in health strategies as well. The role of the consultant in this connection was borrowed from the Process Consultant model, in which the establishing of good relationships is central. It is important that the consultant stick to the management of the process and leave the work on the various phases of the model to those involved. The model requires users to know it well and be loyal to its premises, but can be adapted to particular tasks. It is intended to be used for the development of scenarios with a view to strategic planning, and is thus a tool to instigate processes of change, primarily at the organisational level.

'Viggos Vanskelige Verden' ('Willy's Worrying World')

In this case the consultant's role was to offer support and carry out the functions required by the NGO, which in this case consisted of mentally challenged persons – this was the Process Consultant model again, though with elements of the Expert model. In this situation, a consultant must be able to work cooperatively under the given conditions and have the expertise and process understanding necessary to support the goals and visions of the task such as they are understood by those who have hired him. This means that the consultant must be able to 'step into the other person's shoes'¹⁸; Axel Honneth's theory about the fight for recognition¹⁹, that is, a thorough knowledge of acknowledging and repudiating processes, is very relevant here. In other words, the consultant must be able to put the task in a theoretical context in order to manage and apportion his efforts, being aware of what is at stake and offering suitable support or opposition at the right time without taking over the process. The consultant must also possess the imagination to turn things upside down, and to think laterally and innovatively to find alternative solutions.

¹⁷ E.H. Schein: *Process Consultation Revisited – Building the Helping Relationship*. Addison Wesley, 1999.

¹⁸ G.H. Mead : *Mind, Self, and Society*. Chicago, University of Chicago Press, 1934.

¹⁹ R. Willig (red.): *Axel Honneth – The Need for Recognition*. Hans Reitzels Forlag, 2003 (in Danish).

Citizen satisfaction investigation in the Municipality of Varde

The task here was to carry out a citizen satisfaction investigation. The results were to be graphically represented and would create the basis for the development of new initiatives, both with regard to end-users and personnel employed by the municipality. This task called for consultants with the skills required to carry out quantitative investigations and present the results, and to work on processes in an empowerment context. To embrace these aspects in the same investigation called for imagination and a lot of expertise: the usual patterns and contexts had to be suspended, and the task called for cooperation with some novel partners, such as the National Association of People with Mental Disabilities and college students, all of whom had to work together. The task had thus many facets and called for a diversity of consultancy skills. The consultant's role included running quantitative and qualitative investigations, being an entrepreneur, process consultant, counsellor, teacher and communicator – placing heavy demands on the consultant to play the right role at the right time, switching between the Process Consultant model and the Doctor-Patient model. The design of this investigation was inspired by Anne Kathrine Krogstrups 'Bikva model'²⁰, which calls for the involvement of end-users.

6.3 An overview model

In connection with the citizen satisfaction survey in the Municipality of Varde, researcher Frank Bylov from University College South Denmark designed a model for a research approach to the mentally disabled, developed on the basis of research on disabled persons in general. The model has been further developed and is now used as an overview model in connection with consultancy work.

The model shows four polarisations of the functions and roles of consultants. In practice, people seldom work exclusively in one field; several fields will come into play and will be represented to varying degrees in different phases of a consultancy task. The model can be used as a tool to draw attention to the different tasks of the consultant and the roles they entail – and can thus be used as a tool when designing and running a project. This model should be used in conjunction with Figure 5, 'Phases in projects and processes of change'.

Inner and outer barriers

The inner barriers are the clients' mental structures, mastering strategies, academic and personal skills and qualifications. The outer barriers consist of social, political and legislative factors, as well as organisations and structures in the clients' own world.

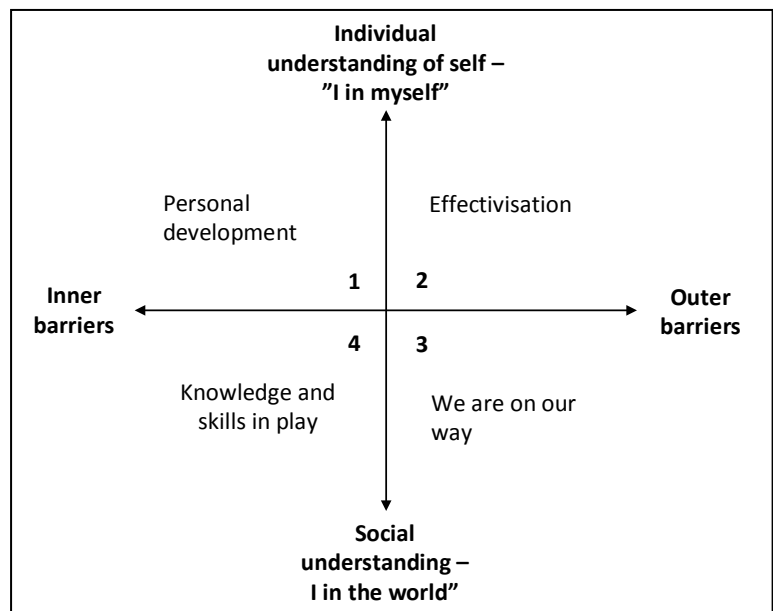


Figure 12. Approaches to consultancy

²⁰ A.K. Krogstrup & P. Dahler-Larsen: *New Trends in Evaluation*. Academica, 2009 (in Danish).

Field 1: Personal development

The context here is the individual; the focus is on individual structures, skills and qualifications. This means that the consultant works with individuals – whether alone or in a group – focusing on their resources and barriers. The role of the consultant is to support the person, reveal existing resources and barriers and work on these, or add new knowledge. Thus, the consultant either runs the whole show (asymmetrical relationship), or lets individuals take the lead themselves (symmetrical relationship). Resistance to change will often be a factor here, especially in asymmetrical relationships.

The consultant needs to have communicative skills, empathy, and a sympathetic insight into individual mental structures and mechanisms, backed up by solid professional knowledge. The methods used will be supervision, coaching, guidance/counselling, and teaching (perhaps especially teacher-centred, but including participant-centred elements based on the development and learning styles of the individual).

In the work done by University College South Denmark in the Healthy Regions project, Field 1 is primarily used in the instruction of health coaches, who are trained to work principally in this field.

Field 2: Effectivisation

The context here is individual and the focus is on social and organisational factors. The field will be characterised by principles for the organisation of work, guidelines for individual employees for carrying out the work, and examples of best practice. In the health sector, for example, there are guidelines for the care of patients.

The consultant's job will mostly consist of processes related to personnel within a relatively well-defined framework, in accordance with the goals set by the management (top-down). It will be a question of adjusting personnel to fit in with the structures that have been dictated, which themselves may be adjusted along the way within the framework of the goals that have been set. This field means security for personnel within a familiar framework, though also here it will be necessary to work with the concept of 'resistance'.

The consultant has to guide the preparation of suitable guidelines and work routines, and will often use well-defined models and methods familiar from other processes. To do this, the consultant will need skills based on a knowledge of processes and the use of models, and be able to guide the actual processes using the models and methods. This does not call for any specific professional knowledge of the area he is working in.

In relation to Field 2, the work done by University College South Denmark in the Healthy Regions project has involved particular sections of several projects, such as the quantitative investigation in Varde.

Field 3: Knowledge and skills in play

The context here is inner barriers and the focus is on social and community aspects, that is, the individual's mastery, skills and qualifications vis-à-vis the 'community', understood as a group of colleagues, voluntary workers, people in study groups, and so on. The consultant works with the interaction between the individual and the relevant group or groups, bringing knowledge and skills into play – but also challenging them! The focus is on processes, especially group processes.

A consultant in this case needs to have experience, knowledge and skills relating to process management, and must be able 'to navigate in chaos' – reading the situation, giving it meaning and feeding it back to the

group. This calls for a clear perception of his/her own role, which is to stay on the outside and not take over the process. Participant-centred teaching methods will be used when knowledge is to be passed on in a formal context. Some of the methods from Field 1 can be used, adapted to the group situation, but methods of working will need to be adapted to the actual task and will perhaps have to be changed as things move on.

We have worked in the Field 3 context in connection with the citizen survey, doing group work and group interviews with the mentally challenged, which were carried out by the participants themselves. Consultants had to take a step backwards in this situation and play the role of consultant from a certain distance.

Field 4: We are on our way

The focus here is on the sociological conditions that shape the contexts for communities; this calls for formulating and implementing strategies. This field is characterised by legislation, policies, structures and organisations such as municipal administrations, hospitals, services for children and the elderly, voluntary organisations, etc. The task of the consultant involves developing and changing organisations, both at the strategic and operational levels.

A consultant in this case will need to have an insight into the development of organisations, group processes and processes of change. There will be a lot of work with empowerment and bottom-up processes, so consultants will need skills in these areas: good at managing processes, analytical, with a clear view of the field, attentive to her/his own role, and able to keep on the outside of ongoing processes.

The consultant will be required to plan and initiate the consultancy task, develop and adapt methods to suit the actual tasks, as well as timing and overall grasp of the situation, ready to change or adapt as the process moves on.

In the Healthy Regions project, University College South Denmark has used two models: the dialogue methods and scenario planning, both of which are in the range of Field 4. Elements of this field are also to be found in the citizen survey, especially with regard to the hope that the investigation and the whole process would lead to projects more suited to changing the organisation. 'Willy's Worrying World' is obviously situated here: an empowerment project, aiming to help mentally challenged people take responsibility for their own lives – which, if it became a general movement, would have consequences for the organisation of the whole professional system around them. The projects run in municipalities are basically situated in Field 4, as their aim is a kind of organisation that has integrated health promotion into the planning and carrying out of its activities.