

Optimizing the implementation of integrated health promotion packages

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IMPACT PARAGRAPH

The Research goal and main Findings

Countries worldwide are facing major health problems due to non-communicable diseases which are caused by unhealthy behaviors such as poor diet, sedentary behavior, and alcohol and drug abuse. Intersectoral health policy has been proposed to effectively address these problems to improve public health. Intersectoral health policy simultaneously addresses personal determinants (such as knowledge about a health topic) and environmental determinants (such as the availability of affordable healthy foods) which are underlying these health behaviors. This requires the involvement of multiple partners from different sectors including the health- (such as the municipal department of health) and non-health related sectors (such as spatial planning) in the policy networks and partnerships to implement preferably evidence based (i.e., recognized) health promoting interventions in integrated health promotion packages fitting the implementation context. This dissertation describes four studies on the implementation process of integrated health promotion packages in 34 unique regional projects targeting different health themes, with different stakeholders supported with national funding and coaching. Results therefore should be of interest to any party planning to implement integrated health policies.

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The main findings from *study one* indicated that the number of partners involved *and* the diversity of the involved partnerships, especially during implementation, were associated with more diverse health promotion packages in terms of number of change strategies, addressed behavioral determinants and number of implementation settings.

Study two indicated that a multisectoral policy network was neither a necessary nor a sufficient condition for the implementation of integrated health promotion packages. Additional requirements were active participation of network actors or active networking by the project leaders and a high level of trust among involved partners.

Study three indicated that the implementation of the Dutch Recognition System (DRS) by a grant provider could be an effective implementation strategy to increase the uptake of evidence based health promotion interventions, but requires additional investments in the DRS itself (such as its user friendliness) as well as investments to enhance contextual fit (such as capacity building) to improve implementation of these evidence based interventions.

Study four indicated that each intervention system has a unique set of implementation bottlenecks from which a majority were associated with the characteristics of the

intervention (i.e., system) itself (such as the health theme). However, bottlenecks could also appear when such an association was not present or even remained absent in the presence of such an association making the predictability of these bottlenecks complex. Therefore, a more flexible tailored approach is recommended to handle unpredictable problems at the individual implementation sites.

The Social and Scientific impacts of the findings

The findings provided many insights for multiple stakeholders from different levels (such as the national or the regional level), reflecting the multiple stakeholders required during implementation of intersectoral health policymaking.

Relevance for different stakeholders:

1. National policymakers and funders (Dutch Ministry of Health, Welfare and Sport (VWS), National Institute for Public Health and the Environment (RIVM), and ZonMw): After the Gezonde Slagkracht program, multiple projects targeting integrated approaches were financed by VWS and ZonMw. First, the findings of this dissertation indicate the importance of a user-friendly intervention database. This can be achieved by for example monitoring and evaluating the use of participants on a regular basis. Second, the intervention database should aim for a higher variability in recognized interventions on multiple themes, target groups, change strategies or implementation. An impulse for this could be grants for projects focusing on the development and implementation of these type of interventions (e.g., focusing on groups with a low social economic status, complex interventions and policy interventions). Third, it can also be considered whether intersectoral policymaking projects should start with a multisectoral character at the national level instead of solely from the ministry of VWS. A recommendation could be collaboration across different ministries. Findings may shed some light on the implementation process of intersectoral approaches, helping politicians or policy makers to determine strategies in health promotion.
2. Regional policymakers, project leaders and implementers all contribute to facilitating the implementation of intervention packages, either by formulating policy plans, to proposing projects or implementing interventions resulting in integrated health promotion packages in practice. Findings from this dissertation indicate the requirement of collaboration related skills such as active networking, building trust, boundary spinning and framing to facilitate intersectoral policymaking but also for the implementation of other types of change strategies by formulating broader policies for project leaders and policymakers. Further, the results stress the importance of creating awareness among all stakeholders regarding the importance of implementing evidence-based interventions to raise the impact of health promotion. Additionally, the role of project leaders is crucial in proposing integrated health promotion pack-

ages. They require sufficient skills and knowledge on selecting these interventions, on adapting these interventions to fit the local implementation context without losing the effectivity of the intervention (contextual fit), and on how to recognize bottlenecks for implementation and developing flexible and tailored implementation strategies to optimize implementation. It is recommended to choose the right project leader with all the skills or consider dividing the leadership position over multiple persons by looking at the skills they possess. All the mentioned skills on collaboration, networking and implementation can be provided or enhanced in a training for project leaders, implementers and/or policymakers.

3. Students (future professionals in health and non-health related sectors)

The future Health Promotion professional (or persons from any other sector) should be involved in the implementation of intersectoral health policy making. Specific modules could be created as part of an existing curriculum focusing on the specific skills that are required for the 'new' professional entering the field of intersectoral health policymaking from both the health and non-health related sectors. Specific skills that should be included are active networking skills, awareness of what boundaries between sectors mean for public health as well as boundary spinning skills to encourage collaboration across sectors (Holt et al., 2018; Williams, 2002). Additionally, it is also recommended to raise awareness about the use of evidence-based practices in general. Attention could go to the dilemma between standardization (implementing intervention identical to how evidence was generated) and adaptation (adapting the intervention to fit the context).

4. Researchers

This dissertation provides an example of how generic implementation data of integrated health promotion packages in local intersectoral policymaking on a large scale can be executed, resulting in insight in implementation processes including the collaboration with other sectors, different types of interventions with different intervention characteristics. This research provides also an example of how basic action research can be conducted. Researchers can build further on the first indications of the importance of the contextual fit of interventions for facilitation of implementation of health promoting interventions and work further on the development of an instrument to aid professionals in predicting mismatches based on the function of an intervention. Finally, researchers can use the findings from this dissertation to further explore the roles and competencies needed for intersectoral policymaking and project leadership.

Dissemination of findings

In line with the ZonMw requirement, from this dissertation two studies have been *published Open Access*, and one is *submitted for publication*, which gives the research broader scientific and societal reach. There were also other publications published

based on the bigger research team (Local50) involved with the Gezonde Slagkracht program. Additionally, *yearly reports* were required from ZonMw (program coordinator) to provide insights of current standings regarding the research process. From these yearly reports, input was used to develop the professional support provided to the projects. *Multiple information sessions/ workshops* were organized for the project leaders and their partners to facilitate their projects such as: sessions on how to improve intersectoral policymaking or on how to adopt and implement evidence-based interventions. Different topics were also covered in the monthly newsletter for example on how to continue a project at the end of the Gezonde Slagkracht project or the importance of the evaluation research (<https://adoc.pub/verslag-bijeenkomst-inspirerend-onderzoek-op-30-november-201.html>).

Diverse workshops were provided at the National Congress of Public Health (NCVGZ) during the project and after handing in the final project report to share knowledge.

Gezonde Slagkracht resulted also in multiple input for new tools for education purposes for example a *digital online tool* for intersectoral health policy. Additionally, the findings of Local50 were mentioned and or used in diverse reports such as a report on better specification of integrated health policy in practice (<https://www.beleidsonderzoekonline.nl/tijdschrift/bs0/2014/09/Beleidsonderzoek-2014-12/fullscreen>) and was also mentioned in an official letter to the Dutch parliament. (https://www.eerstekamer.nl/behandeling/20140122/lijst_van_vragen_en_antwoorden_2/document3/f=/vjgn-n4wuxmyp.pdf).

Lastly, the findings of Local50 resulted in a follow up grant research project at ZonMw as part of the VIMP projects, focusing on the efficiency of the local integrated health policy (<https://projecten.zonmw.nl/nl/project/de-werkzaamheid-van-lokaal-integraal-beleid-overzicht-van-de-vragen-uit-de-praktijk-de>).