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# Integrating Health in all Policies: realistic challenge or utopia?

A study of the opportunities for inter-sectoral collaboration within  
Dutch municipal governments to stimulate integrated health policy

Mieke Steenbakkens,  
Academic Collaborative Centre for Public Health Limburg, Maastricht



## Summary

The Dutch government encourages municipal authorities to develop 'Health in All Policies' (HiAPs). A policy is called a HiAP when sectors both within and outside the public health domain work together to reduce health damage and to promote health. The development of such a policy requires inter-sectoral collaboration, but municipalities are showing little initiative in this regard. Although municipal governments have a leading function in developing HiAPs and stimulating inter-sectoral collaboration, the HiAP approach still appears to be in its infancy.

Collaboration should not involve only external partners; collaboration with internal departments within the municipal government is at least as important. The question arose how municipal governments perceive the opportunities to set up inter-sectoral collaboration to influence public health? The opportunities to develop HiAPs within a municipality, both in general and specifically to tackle the health problem of obesity, form the central theme of this thesis, which centers on the following general research question:

*"Can municipal governments be stimulated to set up more inter-sectoral collaboration and to develop HiAPs for the health problem of obesity?"*

The various chapters of this thesis provide answers to specific questions derived from this general research question. The Introduction (Chapter 1) outlines the context within which the studies were carried out. It offers a definition of HiAP, describes the national legislation on public health, the importance of inter-sectoral collaboration, the conceptual framework used and the research methods applied. Chapters 2 to 5 present the results of the research to answer four specific research questions. Chapter 6 presents an overall view of the various research findings. The General Discussion (Chapter 7) reflects on the findings of the various studies. The content of each of the chapters is summarized below.

**Chapter 1** starts by describing that municipalities can achieve a great deal of health profit, but that collaboration between the various departments within municipal governments and their associated Regional Public Health Services (GGDs) is not a matter of course. The development of HiAPs requires inter-sectoral collaboration at the strategic, tactical (managerial) and operational levels, so that fine-tuning of policies from different sectors can be achieved. The studies reported on in this thesis focused on setting up inter-sectoral collaboration within municipal government as an organization. The studies also looked at the opportunities that GGDs, operating in an advisory role, have to support municipal governments in developing HiAPs. A coaching program for municipal stakeholders was developed and implemented, using obesity as an example.

**Chapter 2** answers the question how Dutch municipal governments perceive their opportunities to set up inter-sectoral collaboration. To determine the effectiveness of the coaching program, civil servants, managers and members of the municipal executive (aldermen) were invited to fill in an internet questionnaire prior to and at the completion of the coaching program. The results of the baseline measurement showed a consistent pattern. Municipalities that had agreed to participate in a coaching program saw more opportunities for inter-sectoral collaboration than those not participating in such a program. Within the municipal government, it was the managers who were the least positive about the opportunities for HiAPs. Collaboration with other policy sectors was often lacking at the tactical level of local government, and links to other policy sectors were mainly established at the level of civil servants and municipal councilors. The obesity case clearly demonstrated the lack of inter-sectoral collaboration. We conclude that there is a great lack of clarity on the influence of managers, and that inter-sectoral collaboration to tackle obesity within municipal governments still often remains limited.

**Chapter 3** reports on local support for the development of HiAPs. In the Southern Limburg region of the Netherlands, municipal governments prioritized HiAPs targeting obesity in their regional policy statement (2007-2011). Operating in an advisory role, the GGD for Southern Limburg and the National Institute of Health Promotion and Disease Prevention (NIGZ) have supported nine municipalities in South-Limburg, offering both administrative and professional assistance in setting up inter-sectoral collaboration. Emphasis was placed on the first stages of the policy process, viz. policy preparation and policy formulation. A log-book was used to record all activities in the municipalities taking part in the coaching scheme. Outcomes were rated depending on the stage of HiAP proposals. Evaluation of the coaching process demonstrated that the municipalities were positive about the concept of HiAP, but that developing such policies by means of inter-sectoral collaboration is difficult to achieve. Important impediments to this are insufficient knowledge, competencies and administrative and professional continuity. A further problem is the absence of managerial focus and guidance in the relationship between the GGD and municipal authorities. A long-term perspective and a targeted approach with clear goals are needed. We recommend further promotion of more active municipal managerial involvement in the development of HiAPs, as well as consultation between the various policy departments and the GGD. Improvement in terms of competencies and clear collaborative agreements between municipalities and the GGD are essential.

**Chapter 4** outlines the role of municipal department managers in achieving HiAPs. Previous research had shown that municipal department managers (i.e. the tactical level) are rarely involved in inter-sectoral collaboration. We used a qualitative interview study to examine the role of municipal managers as regards inter-sectoral collaboration and HiAPs. The results showed that departmental managers did realize that HiAPs require organizational change, but

emphasized that this is difficult to accomplish. Although they manage their department, they are not involved in the actual content of the policy process. Inter-sectoral collaboration and integrated health policy can be promoted by greater managerial involvement in policy content. The department managers recommended that the GGD should be more active in making municipalities aware of its expertise in the area of inter-sectoral collaboration and integrated health policy. It is a challenge to GGDs to support municipalities in the development of HiAPs. We recommend that GGDs become more proactive in advising municipal department managers. The very limited policy capacity for health-related issues within municipal governments, an average of 0.38 FTE, makes this essential.

**Chapter 5** describes the effects of the coaching program on the development of municipal inter-sectoral collaboration and HiAPs. Prior to and at the completion of the coaching program, civil servants, heads of departments and aldermen were invited to fill in an internet questionnaire on inter-sectoral collaboration and HiAPs. The results show that the effects of the coaching program were generally very limited and unclear. Nevertheless, the coaching program has made a positive contribution to the development of a HiAP targeting obesity. It was particularly the involvement of civil servants which was favorably influenced by the support. Their knowledge and expertise had increased, as had the awareness that inter-sectoral collaboration within municipal organizations is not an easy process, especially if there is little or no involvement on the part of managers and members of the municipal executive (aldermen). Stimulating inter-sectoral collaboration in relation to specific health problems requires institutional involvement at all levels, from strategic to tactical to operational, and not only within the health policy sector, but with other policy sectors as well. If there is decisive steering by a municipal policy entrepreneur at managerial level, combined with the knowledge and expertise of a 'health broker' from the GGD, HiAPs can perhaps be more successful than has been the case to date.

**Chapter 6** brings all the different research findings of this thesis together. Based on our action research study in Dutch municipalities, it concludes that developing HiAPs is a challenge. Six of the nine municipalities taking part in the coaching program produced concrete outcomes in terms of HiAP proposals. The results show that more support and involvement at all system levels stimulates the development of HiAPs. The program contributed to the implementation of HiAP interventions targeting obesity. Whereas the pretest findings for municipalities taking part in the coaching program were better than those for non-coached municipalities, this favorable baseline position had faded after 30 months of coaching, although the civil servants in the municipalities taking part did develop a more positive attitude. We recommend that municipal management become more involved in the development of HiAPs and advise the GGDs to expand their competencies in this regard. This presents challenges for municipalities as well as the associated GGDs.

The thesis ends with the **General Discussion chapter 7**, which summarizes the main findings and puts them in a wider context. The chapter concludes with recommendations for practice, policy and research. It discusses whether HiAP is a realistic option for municipal governments or a utopia. It comments on the importance of commitment and of managing inter-sectoral collaboration, on the lack of knowledge about HiAP within municipal governments, on the very limited policy capacity for health-related issues available within municipalities and the need to improve the competencies of GGD professionals. Obliging municipal governments by law to take on the responsibility for the development of HiAPs is an option that could be discussed, but it will not be the definitive solution. It would be better to try and frame the health issues in a different way, in terms of the effect of lifestyle on children's academic performance in school or on loss of labor productivity, so as to ensure that other policy domains become interested. Even then, collaboration with other policy sectors will be a matter of individual attitudes.

The Dutch government encourages municipalities to develop HiAPs, which may seem an obvious task, but for municipal governments the HiAP approach is a very difficult task, one with which many municipalities are struggling. HiAP asks for more strategic guidance, more capacity in the policy process and improved competencies among professionals. Here lies a challenge for municipal governments as well as the associated GGDs.