

Wicked problems and challenging opportunities

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Valorization addendum

Why are the outcomes of this research relevant to society?

Obesity is an important cause of non-communicable diseases, low quality of life, high healthcare costs and high indirect costs due to reduced productivity and early mortality (Kelsey et al., 2013; Dee et al., 2014; Webber et al., 2014). In 2010, overweight and obesity were estimated to cause 3.4 million deaths, 3.9% of years of life lost, and 3.8% of disability-adjusted life-years worldwide (Ng et al., 2014). The latest reports indicate that a decline in obesity is not expected, except for a modest decline among men in the Netherlands (Webber et al., 2014).

Since obesity is caused by the 'systems' in which people live, efforts to shift the systems that support the emergence of obesity need to be implemented (Johnston et al., 2014). One important prerequisite to achieve such system-wide changes is the development of integrated public health policies (Gortmaker et al., 2011; Swinburn et al., 2011; Brennan et al., 2014; Roberto et al., 2015).

In The Netherlands, the development of public health policies is decentralized to public health officials within the local government (i.e., the municipality). Within Dutch local governments, the public health officials' work is guided by strategic (e.g., aldermen, municipal secretary) and tactical (e.g., managers) level actors from health and non-health sectors. The development of integrated policies is enabled through collaboration between officials from health and non-health sectors (i.e., intersectoral collaboration). Outside government, public health officials may be supported by officials from the Public Health Service (which is formally an extension of the local government's public health sector) and other institutions with similar functions (e.g., the Youth on a Healthy Weight or JOGG office).

Unfortunately, the development of integrated public health policies has in practice shown to be hampered. So far, it remained unclear why this was the case. Since the outcomes of the research described in this dissertation provide some first insights in the barriers and facilitators for the slow development of integrated public health policy, and explored possible ways to address these factors, it is expected this dissertation will contribute to practice.

In the upcoming sections, a more specific outline of the target groups of these insights and practical activities that can be implemented for these target groups is outlined.

For whom are the insights that are obtained from this dissertation relevant?

First of all, insights from this dissertation are relevant to the public health officials. They are formally charged with developing integrated public health policy and therefore can benefit from a better understanding of barriers and facilitators for their development.

Second of all, insights are relevant for those whose aim it is to support policymakers within government. Examples of such organizations include actors working within the Public Health Service and JOGG office (e.g., managers and coaches). Actors in these organizations are in a position to train actors at the operational level (who are actually charged with developing integrated policy).

Thirdly, governmental leaders at the strategic and tactical level (e.g., aldermen, municipal secretaries, and managers) within and outside the public health sector can use the insights obtained from this dissertation. They are in a position to restructure the environment of operational level actors and enable them to develop integrated policies at the local and regional level.

Fourthly, the insights are relevant for actors that influence strategic and tactical level leaders within local, regional and national governments. Examples of actors influencing local and regional government include actors working in the national government, while examples of actors influencing national governments include health organizations such as the World Health Organization. They have the means and position to support governmental actors at the strategic and tactical level and can support operational level officials and supporting organizations such as the JOGG office.

Fifthly, our insights are relevant to students in the field of public health or other fields in which the development of integrated policies is relevant. These students might, on a long-term, become responsible for the development of integrated policies and therefore, investing in their capability to develop such policies is relevant.

What can these target groups do with the insights obtained from this dissertation?

Since each of these target groups has different core tasks and responsibilities, the activities they can implement to support the development of integrated public health policies also differ.

With regard to the public health officials themselves, we would recommend them to use the knowledge from this dissertation to more pro-actively approach policymakers from the non-health sectors. Currently, few officials from the public health sector did this in a pro-active way, which resulted in slow progress. Since officials from non-health sectors were often unaware of their influence on public health, the public health sector should invest efforts in creating such awareness. Moreover, they can help non-health sectors in seeing the added value of such integrated policies by highlighting the similarities in policy goals between their

sectors. Public health officials should therefore reframe their goals in the terminology of the non-health sectors.

With regard to those whose aim it is to support policymakers, we would recommend to disseminate a guideline and provide training regarding the development of integrated public health policies. Public Health Services and JOGG coaches may increase knowledge and capability of actors within government. Although guidelines on developing integrated public health policy currently exist, they are often poorly tailored to the needs of policymakers that were highlighted in this dissertation. Moreover, a training to support policymakers in developing integrated policy does not exist and therefore we think the development and implementation of such training will add value to practice.

With regard to the activities that can be implemented by the governmental leaders at the strategic and tactical level, the results of the studies in this dissertation indicate that implementation of organizational restructuring is important. Currently, many local government organizations are hierarchically organized, leading to divergence rather than convergence of interests. To make the governmental environment in which integrated public health policies are developed more conducive to their development, we recommend that efforts are incrementally invested in flattening the organizational structures and establishing shared goals for officials from health and non-health policy sectors. Moreover, the results of the studies in this dissertation indicate that leaders in government need to manage and lead collaboration processes better and in an adaptive way.

With regard to the activities that are aimed at influencing strategic and tactical level leaders within local, regional or national government, we recommend that actors at higher levels of government or (e.g., the Ministries) and actors that influence national governments (e.g., the World Health Organization), (incrementally) create a climate in which the development of integrated public health policies is the norm rather than the exception. They can achieve this through educating, persuading, and especially incentivizing local governmental actors at the strategic level to develop such policies. Additionally, they can educate, train, and provide role models for actors at the tactical level. Besides this focus on the governmental actors at the higher hierarchical levels, they can support operational level officials directly through, for example, provide training and resources for supporting organizations (e.g., the Public Health Service and JOGG office).

Implementation of activities aimed at students has already taken place. In the last two years, a module which trains students to develop integrated public health policies has been developed and implemented within the Health Promotion master of Maastricht University. Moreover, this module is continuously being revised and will be implemented in the upcoming year again.

What is needed for the implementation of these activities?

The actual implementation of these activities will depend on the interest of local, national and international governments and organizations that support these governments, in the development of integrated public health policies and obesity prevention. Although obesity prevention has gained momentum, a barrier might be that - when the 'window of opportunity' closes - interest in the development of these policies will fade out. Therefore, the work of advocates in the obesity field will remain important in the upcoming years.

To develop guidelines and implement trainings, an implementation grant and commitment from the JOGG office is important. Based on a meeting of the JOGG managers and the CIAO researchers in The Hague in 2015, interest for the development of such a training was present. However, to actually develop and implement this training, JOGG coaches need to be trained and this will require additional time, resource investments and coaching. Therefore, implementation subsidies are needed to make such investments feasible. As the JOGG office is currently a non-profit foundation, there is a realistic opportunity that such additional investments may be achieved.