Study of health policy and practice in Tønder municipality

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Contents

1. Background

This report forms part of an EU-supported international development project focusing on the link between health policy formulation and practical implementation in relevant settings.

The following countries are participating in the project:

- Denmark: The National Centre for Health Promotion and Disease Prevention, University College South Denmark
- Denmark: South Denmark European Office, Belgium
- Cyprus: University of Cyprus
- Finland: Jyväskylä University of Applied Sciences
- UK: South West Strategic Health Authority
- UK: NIACE
- Germany: Landesvereinigung für Gesundheitsförderung
- Germany: Heinrich Böll Stiftung
- Italy: Regione Abruzzo
- Italy: Alba Auxilia

Two municipalities from each country in which identical development projects are being implemented are also participating.
The aim of the project is to, on the one hand, increase municipal decision-makers' awareness of how socio-cultural factors in specific settings influence the health of individuals (focusing particularly on overweight). On the other hand, the project aims to support municipalities and health professionals so that they can prepare better strategies and more efficient interventions (focusing particularly on overweight).

The development project is divided up into two parts: One part deals with studying the health policy while the other relates to decision-making, planning, performance and assessment of pilot projects.
This report should be viewed as the conclusion of the first part of the development project. It contains both a descriptive, data-based analysis of the municipal health policy and practice and a conclusion focusing on generating normative, theory-based recommendations for qualification of the municipal health policy and practice. The recommendations are based on a conceptual paper prepared at the start of the project.

2. Study design

This chapter initially specifies the aims of the study followed by the study method, data generation and the analysis strategy.

2.1. The aims of the study

The aims of the study are:

- To study the municipal policy for health promotion and its practical implementation in relation to the prevention of illness and health promotion, focusing particularly on weight.
- To study municipal practice with regard to documentation and assessment of initiatives and effects.
- To examine how the municipal policy is implemented in the relevant settings.
- To analyse the municipal policy and practice based on the relevant theory.

2.2. The study method

The study results have been obtained on the basis of method triangulation and are based on both data and knowledge obtained through document studies, and on data and knowledge obtained from focus interviews with key municipal staff.

Data collection and the associated analysis are based on the policy process below:

We are thus dealing with at least three relevant target fields in any policy analysis. These target fields are outlined below.

2.2.1. The policy level

This target field relates to the political/administrative level, where the municipality's policies and implementation strategies in the health field are mapped.
In this connection, the following has been studied:

- Which specific policies does the municipality have that relate to inhabitant health and what do these policies involve?
- What are the municipality's strategies for implementing the policies?
- Which administrative departments in the municipality are involved in health promotion?

2.2.2. The implementation level

A municipal policy is implemented in the various settings in which the inhabitants are active. Relationships between the political system and these settings fall into four categories:

- Direct political regulation: e.g. in public spaces (roads, bike paths, parks, playgrounds, residential areas etc.). The municipality is responsible for the management and development of the public spaces.
- Political governance in the form of municipal ownership, e.g. of daycare institutions, schools, after-school clubs etc. The municipality may impose direct requirements on the activities in these settings.
- Collaboration with voluntary organisations, for example sports clubs.
- Advisory relationships, e.g. with families and private businesses.[1]

A political system has three overarching policy tools: Regulatory tools, incentivising tools and informative tools. Regulatory tools are e.g. directives, bans and requirements. Incentivising tools are e.g. offers, framework changes and financial contributions. Informative tools include e.g. consultancy and education.

The following has been studied:

- How does the municipality work to develop the public space in a way that promotes health?
- Which settings are seen as particularly relevant to preventing illness and promoting health?
- How does the municipality ensure that the politically governed institutions comply with health policies and meet health targets?
- What requirements with regard to health promotion does the municipality place on voluntary organisations that the municipality funds?
- How does the municipality advice businesses and families on health matters?
- Which policy tools are used, and what is the mix of policy tools in the various settings?

[1] The municipality's authority tasks are disregarded here.

- How are the municipal services/practice assessed and followed up?

2.2.3. Inhabitant health

For this target field it is important to study both what empirical knowledge the municipality has on inhabitant health and what effect the municipal initiatives and practices are having on inhabitant health.

Based on this, there has been an attempt to answer the following questions:

- What key figures exist with regard to inhabitant health?
- How is the effect of municipal services on inhabitant health assessed and how are such assessments followed up?

Aside from those outlined above, the policy process also comprises two further target fields: Firstly, the link between policy decisions and implementation, i.e. the extent to which policy decisions are implemented in practice and how this is done. Secondly, the link between implementation and effect, i.e. what effect the implementation has on inhabitant health.

2.3. Obtaining data

The study has been designed as a holistic, single case study, where the municipality is the analysis unit and represents a single case study.

The study employs method triangulation and is based on both desk research and interviews.

2.3.1. Desk research

The analysis of the health policy is based on data and knowledge obtained thorough desk research and interviews with key municipal staff in autumn 2009.

Various documents are associated with the desk research. These can be found on the municipality website. Distinction is made between primary and secondary documents:

- The municipal health policy (primary).
- Policy for voluntary social work (secondary).
- Part-policy for daycare (secondary).
- Part-policy for schools (secondary).
- Overarching policy for children and young people in the municipality (secondary).
- Description of special offerings for overweight children and young people (primary).
- Documents relating to the inhabitants' state of health (primary).

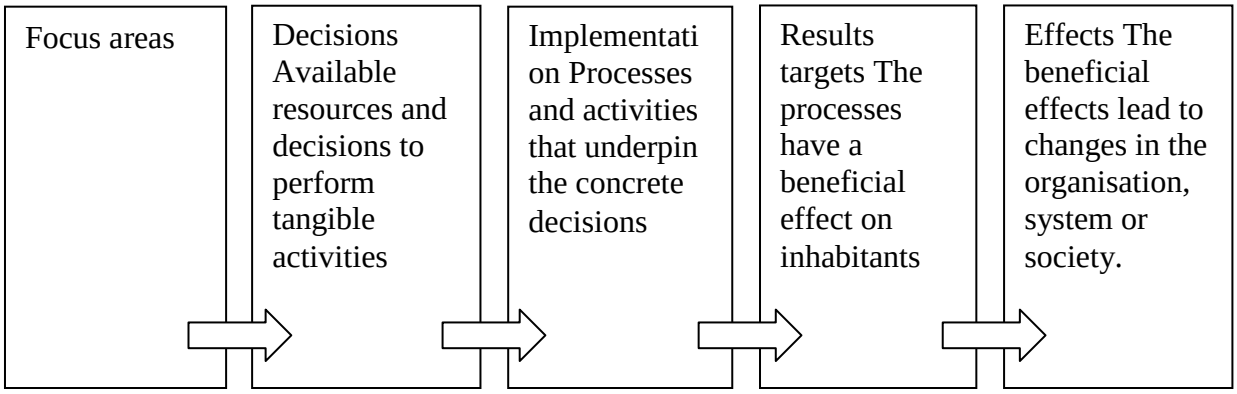
2.3.2. Interviews with key municipal staff

Interviews have been held with key municipal staff in the municipality. Key municipal staff are, for example, administrative managers and employees responsible for the health and children and young people areas. A focus group interview has been held with the municipality's Head of Health and a Health Consultant, in addition to telephone interviews with a nurse and the Head of Daycare. The focus group interview lasted around two hours and the telephone interviews around half an hour each. The telephone interviews focused on the daycare policy and the school policy respectively. The focus group interview dealt with all other relevant themes. The interviews have, among other things, helped supplement, deepen, substantiate and nuance the desk research.

2.4. Data analysis

The analysis of the obtained data is in part data-based and in part theory-based (cf. section 1 "Background"). Firstly, there is a systematisation with regard to the target fields in the policy process (policy, implementation and health). Secondly, there is a systematisation based on logical models. A logical model can be defined as a systematic and visual way of presenting the links between the resources at hand, the activities that are being planned, the services produced and the desired results, as well as the effects of the services.

The logical model is illustrated graphically below:



3. Facts about the municipality

The municipality is a mainland municipality comprising two towns. The municipality is the fifth largest in Denmark in terms of area but one of the smallest with regard to population, with only around 40,000 inhabitants. Demographically, the municipality's population is characterised by a relatively large share of inhabitants with a low level of education and a high number of elderly people. The municipality has a municipal council and seven political committees, a chief administrative officer, four administrations and three staff functions. The political committees are the Finance, Health, Social Services, Children and Schools, Technology and Environment, Culture and Leisure and Labour Market committees. The administrations are the Children and Schools, Social Services and Health, Employment and Labour Market and Technical administrations.

4. The health policy

The health policy has been drawn up and updated in connection with the structural reform. The policy contains a mission, vision, values, aims and strategies.

4.1 Visions, aims and values

The *vision* of the municipality's health policy is based on a positive and comprehensive approach to health promotion and illness prevention. *"Tønder municipality shall be known for its creative and vital approach to health. The initiatives shall be comprehensive and based on the inhabitants day-to-day lives. A high quality of life shall be promoted by strengthening physical, psychological and social health. We shall establish ideal frameworks and opportunities for ensuring inhabitant health and health shall be a natural part of everyday life for all inhabitants in the municipality"*.

The municipality's health vision is: *"A healthy municipality full of vitality"*
In the interview with key staff from the Health Department, the respondents were asked whether things are developing in the right direction with regard to the vision. The feeling is that *"it depends on what is being measured"*.
The following factors indicate that things are moving in the right direction:

- Inhabitant satisfaction. *"Things are moving in the right direction in areas that the inhabitants express satisfaction with"*

- Feedback. *"We are getting good feedback from our patient-to-patient training and from teams of inhabitants aged 65 and over who participate in physical activities"*
- Tangible activities. The respondents also mention tangible activities such as the "Talent for Sundhed" (Talent for Health) project and Active Camp
- Political prioritisation. The political party with a majority in the municipal council has issued a series of guarantees, including for the health area, for the period leading up to the end of their mandate in 2013

The municipality's *mission* emphasises the inhabitants' personal resources and their action competence while also focusing on the prevention of illness. The mission has four dimensions:

- *To keep healthy inhabitants healthy and promote all inhabitants' personal resources and their action competence*
- *To lessen the risk of illness occurring in the first place*
- *To promote early identification of symptoms of illness and shorten periods of illness, or contribute to a better prognosis*
- *To stop illnesses reoccurring in order to prevent chronic conditions*

Respondents in the interview with key staff at the health administration state: "*We have an inhabitant and patient-focused approach to illness prevention and we are focusing heavily on treatment and after-care"*.

The municipality bases its health policy on three *value*s:

- Respect for adult inhabitants' integrity and self-determination
- Belief in the ability of children and young people to create a healthy lifestyle based on support and guidance
- Health being both the responsibility of the individual and of the family, the social network and the municipality

The respect for the inhabitant's integrity and self-determination is, for example, illustrated by the fact that the municipality's various offerings are based on a principle of voluntary participation. The

idea of health as a shared responsibility is reflected by the fact that the municipality's interaction with local communities is based on the local communities' resources and priorities.

The health policy values shall be reflected in tangible and practical health initiatives where comprehensiveness and context, respect, responsibility, equality, innovation and creativity play an important role.

The Health Consultant thus states that "*The teaching methods that we use in our projects support these values. In the Health Department we use the 'You decide' method*
In addition, tangible activities based on a comprehensive approach to health promotion are emphasised for families.

The overarching aims of the health policy are:

- To launch preventative measures that focus on the links between risk factors and illness/health, including the known common diseases in particular
- To ensure health promoting offerings that are based on the many opportunities provided by the large contact interface between the municipality, inhabitants and the local community
- To integrate the health promotion perspective into all municipal activities and extend it to other public and private areas
- To supplement the regional health initiatives. This is achieved through municipal initiatives in areas that supplement and complement the regional initiatives so that the total resources may be optimised.
- To develop the health initiative through a knowledge-based and innovative approach, focusing on effects and documentation

As regards *patient-focused prevention*, the municipality has been "*working intensively with the chronically ill and high-risk groups"*. The reason why these are prioritised is, among other things, that there are major economic savings to be made here.

The respondents feel that the municipality has achieved much in this area.

The municipality also collaborates with *the hospitals* to prevent inhabitants having to be admitted to hospital and to prevent patients who are discharged from hospital having to be readmitted.

As regards *inhabitant-focused illness prevention*, the health administration has prepared a health policy and action plans are being drawn up on an ongoing basis.
Initiatives relating to risk factors such as tobacco, alcohol, diet and exercise, and the children and young people's area, have been given top priority.

4.2 Strategies

The strategies are illustrated in the flowchart below:

	The overarching strategies	**Specific strategies with regard to health promotion and illness preventing initiatives**
Changes to conditions	The municipality has a direct control over, for example, the urban environment, infrastructure, leisure and health offerings. These areas could be improved to make it easier for inhabitants to lead healthy lives.	Developing an organisational structure that underpins the municipal health policy framework and the existence of the natural local communities so that the healthy choice becomes the easy choice.
Structural and organisational changes	The municipality wishes to introduce new collaboration forms for other sectors and local health offerings.	To support attitude and behavioural changes by, for example, increasing awareness of risk factors. Strengthening the development of resources, action competence, self-care and motivation in individual inhabitants and in the local communities.
Changes to attitudes and behaviours	The municipality wishes to change the unhealthy lifestyles of particular high-risk groups through a targeted initiative.	That the health promoting and illness preventing initiatives are developed through a knowledge-based approach, where this is possible, and that all measures are documented and assessed. Furthermore, initiatives with quick effects with regard to quality of life and finances will be given top priority. The approach to the development of new offerings will generally be characterised by innovation and a willingness to take risks.

According to the Head of Health, the implementation strategy is *"dialogue-based"*. The municipality has outlined overarching aims; however, implementation takes place through dialogue

with the relevant stakeholders. Implementation is to a large extent based on existing structures, cultures and resources.

Financial investments are also being made:

- Capacity increases in the administration through the employment of new staff with professional expertise to help leverage tasks relating to health promotion, e.g. the hiring of a health economist and experts within diet and exercise.
- Financial support for various activities in the local areas (policy of voluntary participation).
- Training, for example in the form of training for health ambassadors in municipal workplaces who focus on the physical and psychological working environment.
- Offerings in the form of projects etc.

4.3 Collaboration

The health promotion perspective is integrated into all municipal activities through, for example, the establishment of a multi-disciplinary group comprising representatives for the various municipal administrations and departments. This group has been approved by the management. Furthermore, the Head of Health participates in the management meetings every once in a while, presenting views on the various policy areas, *"For example with regard to traffic plans"*. In addition, *"We are deeply involved in the various sector areas. One concrete example: Health has been incorporated in the preparation of a new culture and leisure policy. We are also heavily involved in municipal planning overall"*.

The interaction with other administrations is reflected in the statement: *"A safe route to school is a priority in the school area, also for health reasons"*.

The action of politicians is highlighted as a factor that can help promote the integration of the health promotion perspective: *"Some politicians are very good at promoting health"*.

The collaboration with other stakeholders has been established and there is also collaboration with employment forums and patient organisations. There are also shared meeting activities with private practice doctors, though *"we are struggling to get them to participate"*.

The municipality offers lifestyle courses in collaboration with the Business Council and works with major companies on the issue of smoking. The municipality also collaborates with, for example, patient associations.

Finally, the municipality supports local initiatives, e.g. in the field of physical activity.

The health policy is a tool for:

- making aims and initiatives visible
- creating a context for health across the municipality's tasks
- creating a foundation for collaboration with other parties/stakeholders in the field of health

The Head of Health believes that the health policy has, to some extent, helped make aims and efforts visible; created links across municipal areas of responsibility and formed a basis for collaboration with other stakeholders. This visibility is exemplified by the fact that when appointed, the Head of Health travelled *"all around the municipality in every imaginable context, giving a multimedia presentation on health policy"*. One example of the creation of links across this field can be found in the interview, where it is mentioned that it is not only the Health Department that deals with health issues, but also other administrations which integrate health promotion into their policies. The leisure and culture administration has thus tackled the problem of tanning beds in sports centres on their own accord, which has resulted in a decision to have these devices *phased out.*

When asked whether conflicts of responsibility could arise, for example between a sector administration such as the school administration and a transverse organisation such as health, the Head of Health replies: *"Of course it's possible. For instance, we have had a concrete discussion about the health service under the school administration. We had a project, Talent for sundhed (Talent for health), where we became frustrated because we could not get in contact with the health service. The management therefore appointed a work group to look into what organisational positioning would be most beneficial. The result was that the school area remained under the school area, but with a formal collaboration agreement between the health department and the health service. It also resulted in the health service being incorporated as a sparring partner function in the project Talent for sundhed*. The Head of Health explains that the health service felt

that the health department was not interested in expanding, but in "*promoting health in the best possible way*". As illustrated by the above quote, mutual trust across departments and administrations is crucial for cross-sector and multi-disciplinary collaboration.

4.4 Focus areas for the prevention of illness and health promotion

The municipality's health policy vision, values, aim and strategies have been outlined as an action plan with five focus areas. These are:

- A healthy lifestyle for all inhabitants
- The ability of children and young people to make healthy choices
- Healthy workplaces
- Healthy towns and local communities
- New ways of collaborating on health

The action plan can be represented by the following flowchart:

Focus areas	Activities	Services	Targets
A healthy lifestyle for all inhabitants	1. Inhabitant information 2. Local activities that support national campaigns 3. Prioritising fit inhabitants with a low level of education 4. Focus on habits with regard to diet, smoking, alcohol and exercise	1. The municipality's website shall contain information about the municipality's health offerings and walks and bike rides 2. Establishment of inhabitant networks	Development and maintenance of a healthy lifestyle
The ability of children and young people to make healthy choices	1. Increased focus on a healthy diet in schools and daycare institutions 2. Focus on physical activity	1. Reinforced health information in schools 2. More hours of PE in schools	Healthy eating habits in children and young

			people
	3. Prevention of bullying	3. Anti-bullying policies in schools, institutions and after-school environments	More physical activity for children and young people
	4. Focus on health and physical activity outside of school and during the schools' summer holidays	1+2+3. Health policy and health education in schools	
Healthy workplaces	1. Focus on the physical and psychological working environment in the municipality	1. Preventative illness talks 2. Use of part-time sickness leave	A reduction of sickness leave among municipal employees
Healthy towns and local communities	1. Increased opportunities for activities in rural areas		1. Participation in physical activities and avoidance of isolation and loneliness
	2. Safe accommodation for all inhabitants	2. Acquisition of unsafe accommodation	
	3. Ensure traffic safety for school children	3. Creation of safe routes to all schools	3. An increased number of children cycle to school
	4. Increase traffic safety for cyclists	4. More bike paths	4. More inhabitants choose to cycle
New collaboration forms	1. Develop new collaboration forms between voluntary associations, private businesses and public organisations	1. Fixed dialogue meetings with patient organisations	1. To extend health promotion to other public and private areas based on the municipality's contact interface with inhabitants and local communities
	2. Focus on health from a political and administrative	2. Health becomes a fixed point in the presentation	2. Integrating health promotion into all

	level 3. Focus on personal contact 4. Focus on collaboration between general practice, hospitals and the municipality	of administrative proposals 3. Follow-up and home visits 4. Reciprocal information about health initiatives	activities 4. To supplement the regional initiatives so that total resources may be optimised

The absolute majority of the activities in the action plan have been implemented. However, a couple have not been performed:

- There are no concrete examples of how the municipality has prioritised fit inhabitants with a low level of education when it comes to healthy lifestyles.
- Health is not a fixed point in the presentation of administrative proposals as the preparations involved are very resource-intensive.

The Head of Health and the Health Consultant believe that the health, culture, leisure and voluntary participation policies in particular help prevent overweight and promote a healthy weight among the municipality's inhabitants.

In addition, the Social Services and Health Department is offering the following services for overweight children and young people:

- *Active Camp* including an introduction weekend, weekly exercise for the children and one family day per month. The focus is on lifestyle changes for the whole family and on changing habits. Active Camp aims to motivate children to continue using exercise offerings available in their local area. This opportunity is offered to children aged 7 to 12 years old.
- *Talent for sundhed* is offered to young people aged 13 to 18 in 2009-2010 through the Danish *ungdomsskole* (special schools for young people aged 14-18 offering both part-time and full-time tuition) . Weight problems are a condition for participation and participation is voluntary. The offering involves exercise, movement, sports, practical and theoretical

cooking, wellbeing, motivation and changing habits, with the involvement of the young people's networks including their parents. The project is implemented by the *ungdomsskole* in collaboration with a clinical dietician.

The municipal health initiatives are based on knowledge in the sense that *"when we implement projects, we do so based on existing knowledge derived from the implementation of similar projects in other municipalities. We then adapt the projects to our municipality"*.

4.5 Links between lifestyle, living conditions and health

The Head of Health and the Health Consultant believe that there is a link between an individual's eating habits, psychosocial wellbeing and physical activity. This link is reflected in the above offering. The fact that *"it is entirely possible to be overweight without this hindering you neither physically nor socially, but still be at risk of developing diabetes"* and that *"a healthy weight also includes weighing enough and that the kilos are distributed correctly"* represents a challenge when it comes to meeting the PoHeFa aims.

"We have become more aware of" the link between inhabitants' social, financial and cultural resources and illness/health. *"With regard to tangible initiatives, we are focusing on how to reach the groups with the most pronounced needs"*. Financial resources also play a role here. *"The families with the greatest need move to the countryside, away from our offerings"*. This raises the question: *"Can we pay for their transport, or prevent them moving to the countryside?"*Social inequality in health is a focus area for both the municipality and the collaboration with the other Danish municipalities in the *Sund By* network.

Structures and frameworks play an important role in inhabitant health. *"There should be more focus on conditions instead of on stigmatising groups of people. Good accommodation and jobs are factors that can significantly mitigate health problems such as smoking"*. This approach is reflected in the municipality's decision to acquire and demolish old properties in the countryside and help *"make the healthy choice the easy choice"*. There is no conflict between the people-focused approach and a structure-focused approach. *"There is a trend towards thinking more in terms of arenas rather than target groups, but it is a balancing act"*.

The interview respondents discuss a range of problems to be handled in decisions and the implementation of initiatives for illness prevention and health promotion:

- Focus on illnesses and risk of illnesses may have a counterproductive effect, leading to inhabitants becoming *"afraid of living life"* and contributing to making otherwise fit and healthy inhabitants ill
- Focus on overweight may have a counterproductive effect as problems relating to underweight could be overshadowed
- Focus on target groups may have a stigmatising effect
- An ethical dilemma between, on the one hand, "*reaching*" those inhabitants that have problems and on the other hand respecting their autonomy

5. Other relevant policies

Of the other policies particularly relevant to health and health promotion, policies for children and young people and the voluntary participation policy have been selected.

5.1 Children and young people

Policies for children and young people comprise: an overarching policy for children and young people, a part-policy for daycare and a part-policy for schools. The overarching *policy for children and young people* comprises a vision and a mission, as well as some overarching values and principles. The policy vision is: "We view education as the path to a good life". The mission is "to support children's and young people's wellbeing, health, general education, development and learning".

The policy for children and young people is based on the UN Convention on the Rights of the Child. The value basis comprises aims outlined in the Danish Social Services Act, the Danish Health Act and the Danish Public School Act, in addition to municipally adopted values relating to respect for people and approach to learning: Respect for the individual and recognition of the fact that we are all different. These differences mean that we must also acknowledge that we learn in different ways.

The policy for children and young people has been adopted politically and is the result of the work of a committee of politicians and representatives for the relevant administrations.

The children and young people's area is based on the following principles: Financial and professional sustainability, management, evaluation culture, health promotion, a comprehensive outlook, the family at the centre and children's rights.

The principle of health promotion has been expanded as follows:
Children and young people shall be motivated to lead healthier and more active lives. Tønder municipality therefore strives to launch initiatives relating to diet and exercise while incorporating health promotion into its day-to-day work.

5.2 Part-policy for daycare and schools

The part-policy for *daycare and schools* is based on the same vision and mission as those described in the policy for children and young people. In addition, the policy is based on shared goals such as inclusion, all-round development and wellbeing, health and movement, cultural values and interaction with nature, influence, co-decision and shared responsibility, comprehensiveness and continuity in children's day-to-day lives and parent involvement.
Overarching aims for 2014 include:

- Creation of links and continuity between daycare and schools, and of linked offerings with age-appropriate challenges
- Optimisation of higher and further education for daycare and school staff
- A targeted effort for children and young people with special needs

5.2.1 Part-policy for daycare

The part-policy for *daycare* is the result of a process whereby daycare institutions and parent councils have discussed the overall policy for children and young people and provided the administration with input on what they believe the part-policy should contain. On the basis of this, the administration has formulated the policy which has also been adopted politically.

Individual institutions across the municipality prepare tangible action plans covered by the teaching syllabuses. The level of target attainment is assessed by the institutions in collaboration with the administration.

According to the Head of Daycare there is a link between the child's/inhabitant's eating habits, physical activity and psychosocial wellbeing, as well as a link between a family's lifestyle and their social, financial and cultural resources.
These links are reflected in policy formulation, choice of focus areas and the project/activities implemented.

For example, the Head of Daycare mentions the municipality's overarching diet policy which is directed at the pre-school, school, adult and elderly areas.
The daycare institutions are obliged to formulate a meal policy based on the overarching diet policy. It has also been decided that such meal policies should link food and physical activity.

In addition, the administration has placed a range of offerings at the institutions' disposal, including the *Gymnastikkaravanen* gymnastics initiative and the project *Stjernestunder*. *Gymnastikkaravanen* was an initiative by the Danish Gymnastics and Sports Associations that the institutions could use to boost physical activity in their daycare offering. The project is to be further developed, for instance to allow the nurseries to be certified as sports nurseries. The project *Stjernestunder* was a three-year project for marginalised families whereby they could participate in summer camps, music evenings, social networking etc. to develop their lifestyles.

Expertise development for employees and managers is an important part of the administration's implementation strategy. Management meetings are also held where managers exchange experiences/knowledge. There is also an offer of external supervision for managers.

Initiatives, performance, results, target attainment and effects are evaluated through self-assessments in the individual daycare institutions. These self-assessments are based on the obligatory teaching syllabuses. The administration's teaching consultant supervises this as the institutions' self-assessments are discussed in meetings with the institutions and the teaching consultant.

Finally, dialogue meetings are held with parent councils, daycare managers, the administration and the political expert committees where the self-assessments are communicated and discussed.

According to the Head of Daycare, the municipality manages the area through general policy formulations and values, but with decentralised management of the implementation processes.

5.2.2 Part-policy for schools

The part-policy for schools contains shared aims such as continuity and comprehensiveness for children and young people, that children and young people should be acknowledged and respected, that children, young people and their parents should feel that the initiatives and services offered by the school are of a high quality, that the teaching environment for children and young people is good, that children and young people can have influence, power of co-decision and take responsibility, and that learning and a positive atmosphere should be included in a comprehensive whole. The part-policy for schools states that schools wish to focus specifically on issues such as a healthy diet. School leisure schemes integrated into the state school system emphasise care, social skills, activities, shared experiences and play, with a particular focus on health and physical expression.

The policy is implemented through dialogue between the political/administrative level and the schools.

The municipal health service plays an important role in implementing the municipality's health policy. The health service is organisationally integrated into the Schools Department and divided into a health service for young children and a school health service. The school health service meets the legal minimum requirements for talks with pupils entering and leaving education. These talks are based on elements from the 'You decide' method. *"A coaching approach"*, as the nurse puts it. Furthermore, the school health service refer overweight pupils to so called *Julemærkehjem* institutions and follow-up on pupils who are experiencing problems. The health service organises a 12-station health workshop for ninth-grade pupils. The workshop aims to teach pupils more about health issues and to develop their action competence. The motivation for the above aim can be

expressed by the saying, *"Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime"*.

According to the nurse, implementation of the health policy aims of providing more information about health, reinforcing health education, anti-bullying plans etc. varies from school to school and from class to class depending on local and individual priorities. However, most schools have a so called AKT teacher who teaches behaviour, contact and wellbeing. Most schools have diet policies and organise theme days on health. "*Some school councils have drawn up anti-bullying policies"*.

The use of nurses in schools also varies:
* In some schools the health service is involved in the school's teaching activities.
* In some schools the health service is used as a sparring partner with regard to both education and the preparation of action plans.

The health service is also used as a sparring partner in Active Camp and *Talent for Sundhed*

5.3 Voluntary participation policy

The policy emphasises the importance of strengthening collaboration relationships between the municipality and voluntary associations, and of increasing the knowledge of each other's initiatives and values. The policy of voluntary participation is based on the Danish Social Services Act, which requires municipalities to collaborate with voluntary social organisations and provide financial support.

The collaboration between the municipality and the inhabitants is characterised by the inhabitants initiating measures and the municipality supporting these by ensuring the creating of physical frameworks, facilitating the initiatives and providing training for inhabitants.

It is clear from the interviews that "*historically, people have been good at creating networks themselves*" in the local areas. For example, the municipality supports local activities which focus on physical activity.

Inhabitants are recruited to work as volunteers: *"16 people showed up to meeting in Løgumkloster, eager to participate"*. The volunteers are trained to act as local resource staff. The policy of voluntary participation should be viewed in conjunction with the health policy's focus on developing healthy local communities, meaning that there is a wish to leverage synergy effects between the health policy's focus on structure/frameworks in the local community and the voluntary participation policy's focus on local community stakeholders.

6. The municipality inhabitants' health profile

Two documents have been used to examine the municipality's health profile.

* Health profile for the municipality 2006
* The study of school-age children 2006

6.1 The health profile

The 2006 health profile is published by Region South Denmark. The profile covers the following areas: Population, health behaviour, health services, common diseases, substance abuse and health economics. The data sources used are from the period 2000-2005.

Population composition also significantly determines the illness and health patterns in a municipality. More elderly inhabitants and more inhabitants with a low level of education calls for more health services and targeted health promoting and illness preventing initiatives.Statistics and forecasts for the municipality's demographic development show a trend towards a society with fewer and older inhabitants. A large share of the population has no qualifications or a low level of education. The *education level* is lower in the municipality than in the region as a whole. There are three major differences with regard to the education level:

* The share of inhabitants educated to GSCE-level (*grundskoleuddannelse*) only is 15% greater in the municipality than in the region as a whole
* The share of inhabitants with A-level qualifications (*gymnasial uddannelse*) is 29% lower in the municipality than in the region as a whole
* The share of inhabitants having undergone a long or medium-long period of higher education is 28% lower in the municipality than in the region as a whole

Employment and unemployment: No significant difference between the municipality and the region.

Health behaviour: The data relating to the inhabitants' health behaviour has been obtained from a nation-wide questionnaire survey carried out by The National Institute of Public Health in 2000. A total of 17,000 respondents participated, 167 of which from Ny X municipality. The results should therefore be interpreted with this in mind. Four health behaviour indicators were selected: Smoking, weight, diet and physical activity. The municipality's smoking pattern roughly corresponds to the national average. The number of smokers has decreased in recent years with around 30% smoking on a daily basis in 2000.The weight pattern corresponds to the national average. The number of inhabitants that are overweight or obese is on the increase. This is particularly the case among those aged 45-66 and among those with a low level of education. Around half of inhabitants eat healthily, which is less than the national average. This tends to vary based on sex, with women being more concerned with eating healthily than men. More than half of inhabitants state that they are physically active. The number of inhabitants who are physically active is lower in the municipality than the national average. Among the more deprived socioeconomic groups, the unskilled and the unemployed, smoking and a BMI of more than 30 is more common while a healthy diet and physical activity is less common.

The results of the study also show that, compared to the national average, inhabitants in the municipality contact their GP more often but see specialists less often. Finally, the study shows that inhabitants in the municipality generally suffer from common diseases such as cardiovascular disease and psychological problems to a greater extent.

The municipality has, based on national statistics, estimated the number of inhabitants with chronic illnesses and risk behaviour (smoking, an unhealthy diet, lack of physical activity and excessive alcohol consumption), as well as the number of inhabitants considered overweight and obese respectively. For example, the municipality estimates that out of around 40,000 inhabitants, 2,100 suffer from Type 2 diabetes and 3,700 from psychological problems. 13,500 are deemed to be overweight (a BMI of 25-30) and 4,000 obese (a BMI of 30 and above).

6.2 The study of school-age children

The study looks at health, health habits and social issues among pupils in fifth, seventh and ninth grade. Seven schools in the municipality with a total of 713 pupils participated in the questionnaire-

based study. The pupils evaluated their own health using questionnaires. The study shows that most pupils are well and well-adapted. A majority state that their health is good, that they are happy and well adapted and that they have a good social network. However, many are not so lucky.

- A large share, 48%, of pupils use painkillers, such as Aspirin, regularly while a smaller number use prescription medication for sleeping difficulties (6.5%) and nervousness (5.9%)
- Some pupils regularly display symptoms of poor health (headache 22%, stomach pains 13%, back pain 19%, general feeling of unhappiness 18%)
- 45% of pupils have had at least one injury which required treatment by a doctor or nurse in the last 12 months
- Overweight is increasingly a problem and many feel that they are too fat

The study also highlights the pupils' health habits. Just under half have a lifestyle that could damage their health in the long run:

- 14% of ninth-grade pupils smoke on a daily basis
- 42% of girls and 51% of ninth-grade boys drink alcohol at least once a week

The majority of pupils have sensible diets and eating habits. A minority have an unhealthy diet and skip meals:

- 28% state that they do not eat breakfast every day
- 20% state that they have Coca Cola/soft drinks every day
- 26% state that they eat sweets and chocolate every day
- A smaller group state that they never eat fruit and vegetables

The great majority of pupils state that they are happy in school. However, some (19%) state that they definitely do not like school or that they do not really like school. Some pupils state that they have no say in deciding how the classes are used and what activities are implemented. The majority feel that their classmates are friendly and helpful and accept people the way they are.
A majority of parents help their children with their school work (80% to 90%), meaning that a smaller number of children do not receive support from their parents.

The share of pupils who are being bullied is falling compared with previous studies. On average 9% state that they are bullied two to three times a month.

The results from the study vary based on background variables.
The pupils' social background also determines their health:

- 30% of pupils from a more deprived background and 19% of pupils from an affluent background display at least on symptom of ill health daily
- 29% of pupils from a more deprived background state that they are very happy with their lifestyle compared with 40% of pupils from an affluent background
- Pupils from a more deprived background display risk behaviour (smoking) to a greater extent than pupils from an affluent background
- Pupils from a more deprived background show a lower level of health promoting behaviour than pupils from an affluent background (exercise, dental hygiene, eating fruit and vegetables)

Sex may also play a part here. Girls have far more symptoms of poor health than boys and use painkillers to a greater degree. More girls than boys feel that they are overweight and many are dieting. On the other hand, more girls than boys eat fruit and vegetables on a daily basis.

Age plays a part too, with the number that state that they are happy in school lessens with age while the proportion who smoke and drink increases. Eating habits also deteriorate with age.

Finally, the results vary from school to school. This means that:

- the share of regular smokers in the ninth grade varies from 6% to 25%
- the share of pupils who drink alcohol on a weekly basis varies from 41% to 58%
- the share of pupils who like school a lot varies from 23% to 39%.
- the share of pupils who have been bullied in the last couple of months varies from 5% to 11%

7. Conclusions

The municipality's health concept, as described in the study, is very similar to the WHO's definition of health as being both the absence of illness and a feeling of physical, psychological and social wellbeing.
Prevention of illness and efficient rehabilitation is nevertheless the main focus of the municipality's prioritisations. This is reflected in both the formulation of the health policy mission statement and in the municipality's focus on the DSAE factors (Diet, Smoking, Alcohol, Exercise - KRAM in Danish).
This prioritisation corresponds to the recommendations of the National Board of Health and the dominant municipal practice in Denmark. There is also an economic rationale behind this choice: By preventing illness and providing efficient rehabilitation the municipality can cut its health care costs.

The term "health" incorporates two pairs of opposed terms: Ill-well, unhealthy-healthy. The health policy and the interviewees in this study touch on these terms, but there is a tendency to confuse them or use them as synonyms. Being well is not the opposite of being healthy, but the two terms do not necessarily have the same meaning. It is possible to be well and yet be lacking physical, psychological and social wellbeing. Being ill is not the opposite of being unhealthy, but these two concepts are not identical either. Thus, it is fully possible to be chronically ill without being unhealthy.

Social inequality in health is a problem area that the municipality is focusing on. The demographic makeup of the municipality accentuates this focus, but it is also the result of the general health-policy discourse in Denmark
According to the health profile from 2006 and national and international research there is a link between the inhabitants' health and illness profiles and their financial, social and cultural resources. This link is also highlighted in the interviews and in the municipality's assessment of the health problems. However, the health problems assessment is only to a limited degree based on valid, local data, and to a greater extent on national average results adjusted for the municipality's demographic makeup.

The municipality strives to take social inequality in health into account in its projects and offers. The Children, Young People and Schools policy in particular contains elements and targets that can help decrease social inequality in health.
The policy concept is broad in that it includes values, visions, mission, aims and action plans that the municipality formulates systematically across the policy areas.
The municipality thus deals with solutions to health-related problems and with visions/targets for a healthy, good life.
The municipality utilises regulating, incentivising and informative tools in the various policy areas. Regulatory tools are used for the politically governed organisations in the form of instructions and values in particular.
Incentivising tools are used for businesses, local associations and inhabitants in the form of financial support for activities and multiple concrete offerings, and for the municipal settings in the form of e.g. changes to physical frameworks/infrastructure.
Informative tools are used particularly through the municipal settings, and through staff working with providing advice, education and teaching in health care, daycare and schools.
Dialogue is at the heart of the collaboration between the health department and the rest of the municipal sector, both with regard to the preparation and the implementation of policies.

Health policy is not implemented in the politically governed organisations through a classical top-down or bottom-up model, but through a dual approach that can be summarised by the terms centralised and decentralised management.
The municipality applies content, target, framework and results-based management. Content management by requiring politically governed institutions to prepare local diet policies; target and framework management by the municipality preparing a general diet policy that daycare centres and schools should apply and results management by formulating expectations that these measures will result in improved health among, for example, children and young people.
The municipality has a value-based management philosophy, which means that management-wise there is room to manoeuvre on the decentralised side. Hence it is up to the decentralised management to prioritise, establish concrete targets, principles, guidelines and actions, and to evaluate the above.
The implementation of the health policy in businesses and voluntary social organisations is based on dialogue and incentivising policy tools.

New financial investments are made and existing resources are also used as a basis for activities. Financial and capacity-boosting tools in particular are used for the former.
Financial tools are used for the purchase of poor accommodation and to provide support for local initiatives and capacity-boosting tools are used in the form of hiring staff with a skills profile that matches the tasks and the municipality's wishes and further training for municipal employees in resolving the issues.
Existing resources in daycare, schools and health care are also combined with a further training strategy directed at employees in there sectors.

Documentation and evaluation may take place with regard to the subject areas, policy formulations, implementations and effects on health, or with regard to the links between policy formulations, implementations and effects on health.
In policy formulation the various policy areas represent the direction that the municipality wishes to take (visions) and what it wants to achieve (aims and results); on what basis and what the task involves (values and missions) and what action should be taken (action plans).
The policies have been implemented to a certain degree, but the process will take time.
Implementation is to some degree delegated to the various sector administrations and the decentralised units.
The evaluation of the health department's various measures is based on feedback from inhabitants, municipal front-line workers and external collaboration partners, and on self-assessments performed by the municipal administration.
Implementation in the municipal settings is evaluated through the management philosophy, e.g. through self-assessments, for example in the daycare area, but with the administration monitoring and ensuring that the self-evaluations are discussed across institutions.
Inhabitant health is assessed particularly through monitoring and knowledge derived from national surveys. Sources for the monitoring include HBSC surveys, the approximate estimations of experts in the field and evaluation of health profiles based on national studies adjusted for the municipality's demographic and social structure.
Generally, the case study does not provide a basis for assessing how and to what extent the municipality has an evaluation culture focused on evaluating targets and the degree of target attainment, and thus not whether there is a valid link between decisions to implement initiatives, actual implementation and effects on inhabitant health.

Nor is any valid, local data relating to developments in inhabitant health and weight obtained. One reason for this is that it is a highly resource-intensive process.

The strategy for prevention of illness and health promotion is characterised by a partly holistic approach:

- There is a focus on both structure/frameworks and people/target groups
- Health problems and solutions are understood to be generated through the interaction of several factors, expressed through projects such as Active Camp.
- Policy formulations and implementation of such takes place in all relevant settings

8. Recommendations

A range of recommendations can be made on the basis of the analysis and the conceptual paper for the study. These recommendations contain a heading, a description of the task and a motivation.

Shared language and shared understanding

It is considered important that relevant health terms be used consistently in municipal communications, and that a shared understanding of those terms be created across the political, implementation and user/inhabitant levels.
Consistency in communication may, for example, be that documents across policy areas include common definitions of health, prevention of illness and health promotion.
This also includes an understanding and an acceptance of the multiple meanings and inherent duality of terms. Absence of illness is not tantamount to physical, psychological and social wellbeing, but the two are not necessarily opposed. Illness prevention is not necessarily the same as health promotion, but the two do not necessarily oppose each other either. A long life does not necessarily equal a good life, but the two need not be oppose each other. A system perspective on a long and good life is not necessarily the same as a life-value perspective on a long and good life. However, the two are not necessarily opposites.
A common language and a shared understanding facilitates communication and prevents misunderstandings and unrealistic expectations.

The health policy: aims, tools and initiatives

The health policy comprises a range of aims.
In this connection it is first of all important to identify precisely which targets relate to the municipality's services/initiatives, and which aims relate to results targets.
Secondly, it is important that the municipality focuses on how services/initiatives contribute to meeting the targets, and to what extent the targets are actually being met.
Thirdly, it is important to have a learning-oriented approach, so that aims can be revised/changed as a result of knowledge and experiences.
Fourthly, it is important to base decisions on initiatives on a realistic and valid programme theory: Logical links between initiatives, targets, expected results/effects and the use of resources, which can help meet the municipality's aim of "a knowledge-based and innovative approach with a focus on results and documentation".
Finally, it is important to note that decisions, planning, implementation and evaluation of initiatives has scope for both health-related and democratic/ethical rationales. These rationales are not identical phenomena, but are not necessarily opposites either, hence the challenge consists of balancing them against each other.

Many activities and services in the health policy involve the four DSAE factors – Diet, Smoking, Alcohol, Exercise, and psychosocial factors to a lesser extent. Since health behaviour, lifestyle preferences and psychosocial wellbeing vary, improved results may be achieved by including psychosocial wellbeing explicitly in work of prevention of illnesses, health promotion and risk factors.

Lifestyle and health behaviour varies depending on the resources available to the inhabitants. It is therefore important – if the municipality wishes to reduce social inequality in health – that policies and initiatives also aim to boost the inhabitants' social, financial and cultural resources.

The municipality uses regulatory, incentivising and informative tools to prevent illness and promote health. It is important to pay attention and be specific with regard to how various political tools can underpin each other and help promote inhabitant health. It is also important to be aware that the actual combination of political tools and implementation strategies varies depending on the degree of political management and the desired management philosophy.

Cross-sector and cross-professional synergy effects

All policy areas, sectors and settings affect and contribute to the inhabitants' health, just as the health area contributes to meeting targets in other policy areas. It is therefore important that the municipality is aware of existing and potential cross-sector synergy effects. Observing and expressing what synergy effects are actually achieved and what the desired synergy effects are and communicating this across sectors should therefore be an integral part of the work in the various administrations/sectors.

It is not a matter of choosing between regulation of frameworks and a health education approach, but rather a question of combining both as this will increase the likelihood of the desired effects being achieved.

Inhabitant health is affected by the settings that the inhabitants form part of, which is why preventative and health-promoting policies and initiatives must be multi-related.
The individual settings in isolation cannot promote health and resolve health issues, only contribute. All relevant settings must therefore be involved. In addition, a "setting approach" can help reinforce the inhabitants' social and cultural resources in both the short and the long term.

A shared expert health-education reference framework is desirable considering the fact that work on both regulating frameworks and education aims to develop inhabitants' ability to act. The reason for this is that the health-promoting dimension contains a perspective relating to the ability to act, where the purpose of health-promoting interventions can be defined as: "Enabling the individual to, individually and collectively, take action with regard to his/her own health or the health of others".

A shared health-education reference framework does not mean that we cannot value, recognise and respect that various experts have different tasks and criteria for success, nor does it stop us being aware that various types of expertise contribute to promoting inhabitant health in different ways.

Health promotion – a task for the municipality, market and civil society

The municipality, private businesses and civil society all have a responsibility in this regard and play an important role in promoting inhabitant health.
The municipality is already using resources existing in private businesses and in civil society. With regard to private businesses in the form of various services (lifestyle courses, health bus) and

with regard to the civil society in the form of collaboration and offers/funding for local associations and voluntary organisations.

It should be considered whether there is unutilised potential in the private sector and civil society. A well-functioning local community, natural resources, committed inhabitants, good facilities and a healthy private sector indicate that there may be unutilised resources and potential.
Further development of the combination of municipality, market and civil society will on the one hand probably have a better effect on inhabitant health, and on the other hand make it possible to reduce pressure on welfare services in the future through the prevention of overweight and the promotion of a healthy weight.