

Elusive implementation: an ethnographic study of intersectoral policymaking

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Paradox

- **Intersectoral policymaking for health is a popular idea**
 - **It's implementation is experienced as a great challenge in practice**
- **Focus on the interconnected processes of policy development and policy implementation**

Case

- **Denmark: health promotion is the responsibility of local government by law**
- **The development of a municipal-wide implementation strategy for a municipality's intersectoral health policy**
- **Aim: analyze how good intentions to turn policy rhetoric into action resulted in failed implementation**

The meeting: Producing abstract rhetoric

The public health officers discuss that it is very important that the policy aims are comprehensible and “*by all means not fluffy*” to non-health departments.

They want to ensure support among all departments and not least to produce a high quality strategy.

To achieve this purpose an external consultant, who helps plan the process, asks the public health officers to define what the policy aims mean. He asks about the aim “*healthy measures*”. They struggle to come up with answers. There is silence. One suggests that it is “*the structural*”. Another disagrees. She thinks it should not be limited to “*regulation*”. They discuss whether “*structural*” is more than “*regulation*”. They do not want regulation, as this is not considered politically feasible with the center-right majority in the City Council.

The consultant suggests it is about “*working systematically with the framework conditions*”. They all agree [...]

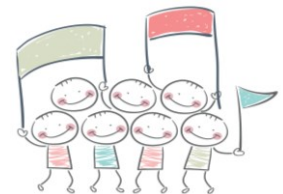


The PITCH example:

- **Tool to communicate specific plans for action**
- **Template to describe overall areas of intervention**
- **Removed from the strategy altogether**

PITCH NAME:

In our daily work, we can see that there is a great need for:	
This is for example expressed as	
We will meet this need by	
Specifically, we will	
Once we have implemented our solution, our users will experience that	
and the benefits for our organization are	
compared to	
which is already trying to cope with this demand, then our solution is	



meeting

Observations

- **The participants were very ambitious**
- **The intersectoral process produced abstract rhetoric and vague plans**
- **The strategy did not make any priorities**



meeting

Maintaining abstract rhetoric

Three factors:

- Idealizing intersectoralism
- Economic expectations and doubts
- Tension between inconsistent demands



meeting

Uncertainty about economic outcomes

They discuss whether to suggest “*reduced co-financing for hospitals*” as an outcome. One says that maybe it is not within their control. They do not know whether the hospitals will just admit more patients. One of them adds that “*co-financing is dangerous to add as effect*”. They decide that it is probably out of their control and agree it is better to change the wording to “*increased economic flexibility*”. This does not tie them to deliver specific savings, but include derived savings.

(meeting in public health office)



Maintaining abstract rhetoric

Three factors:

- Idealizing intersectoralism
- Economic expectations and doubts
- Tension between inconsistent demands

Strategy decoupled from action:

- Expression of good intentions
- Maintain high ambitions
- No control of organizational action



Conclusion

- **The myth of intersectoralism posed a barrier to implementation**
- **Despite good intentions, the strategy was decoupled from guiding action**

Thank you

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