



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

# Health Promotion Capacity of Local Governments

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# Presentation outline

- National structures and methods
- Local structures and management systems
  - key components
  - the role of health sector
- Measuring health promotion capacity and activities of local governments



# Themes embedded in the presentation

- **Platforms/opportunities for dialogue**
- **Implementation**
- **Accountability**
- **Public participation**
- **Institutionalisation**
- **Responsibilities**



# A few facts about Finland 1/2

- Population of 5,3 million inhabitants
- Total area, 338,145 sq km
- 348 municipalities (local governments)
- Highly decentralized
  - Local government in Finland relies on the local self-government by the residents
  - The Constitution safeguards the role of this self government
  - residents elect the municipal Council as the supreme decision making body
  - local authorities have the right by local governments to levy taxes and make independent financial decisions
  - local governments as separate entities from central government and municipal bodies relatively independent of the state.



# A few facts about Finland 1/2

- Municipalities (local governments) provide tasks that
  - are stipulated in the Finnish legislation,
    - basic services in education
    - health care (e.g. preventive and primary health care, specialised medical care)
    - social welfare,
    - technical infrastructure and
    - control of physical environment such as land use
  - voluntary tasks
    - Free-time activities of the residents
    - Additional occupational training
    - Civic education



# National structures and mechanisms

- National structures and methods
  - Horizontal public health committee
  - Public health reporting (From Government to Parliament in co-operation with other sectors)
  - Bilateral meetings of Permanent Secretaries of the ministries
  - EU co-ordination
  - Formal consultations during preparation of the legislation
  - Integrated impact assessment in governments law proposals (Ståhl 2009, 2010)
  - Government Policy Programme for Health Promotion
  - Informal contacts at desk level

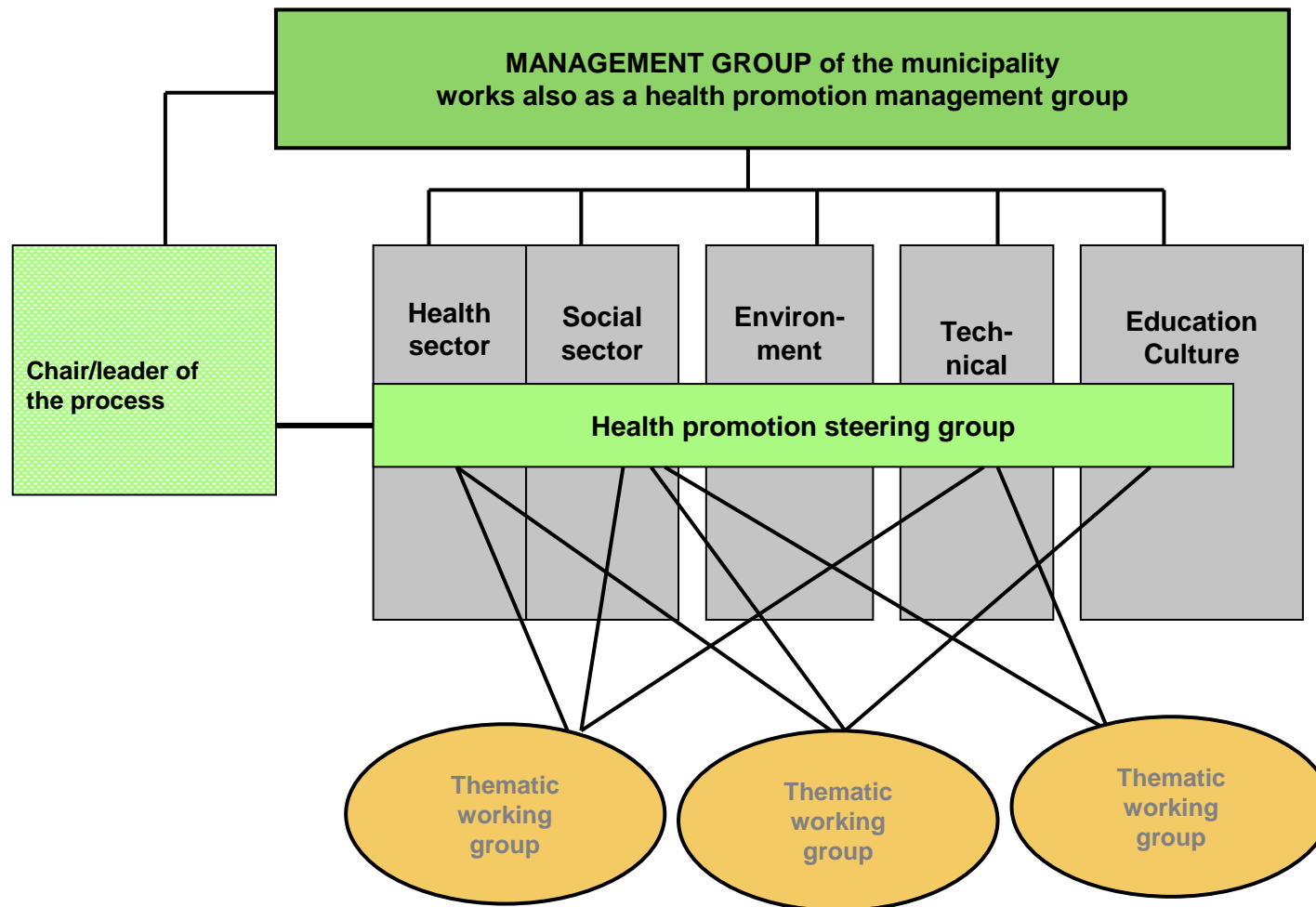


# Why emphasis on structures and management system of local governments?

- Local governments implement the laws, restrictions and policies
  - Implementation gap of the successful, effective research interventions
    - Impact of the intervention "disappears" in real-life settings
    - No local structure for implementing horizontal policies
  - Projects or single sector projects (in general and in intersectoral action) dominate the local level - continuation and more holistic views are missing
- ➡ a project started in 2003 to respond these challenges



# A generic model on management structure for (horizontal) health promotion in local government



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# Management system

- Management of health promotion is part of the "normal" management system in the municipality.
  - ➡ the management group of the municipality works also as a management groups for health promotion
- It is important the health promotion does not have a "separate" management system
- Tasks of the management group
  - leads the process
  - directs the work of the steering group
  - decides e.g. resources on horizontal issues (tasks that will need joint working and is not possible to implement on the basis of the normal budgets of the sectors)
  - introduces horizontal health and welfare issues to annual planning documents and strategies



# Management system

## Health promotion steering group

- members come from each sector (managers or members of the management group of the "silos")
  - ➡ a legitimate position and power to represent the branch and to implement the tasks agreed to be executed in the steering group.
- chair is a member of the municipality's management group.
- chair is also the leader of the health promotion process in the municipality.
- Representation from NGOs, scientific community, other local institutions and business



# Tasks of the steering group

- Collect information (each sector) on health, health determinants and welfare
  - prepare a more comprehensive report every fourth year
  - a more concise report annually.
- Report the collected information to the management group, politicians and public
- Give proposals for setting municipal health promotion goals
- Participate in the planning of health promotion
- Agree on the distribution of work and co-operation between sectors
- Implement municipal health and health promotion goals and co-ordinate health promotion activities
- Monitor and assess the implementation (also the implementation of sector specific tasks needs to be reported back to the steering group)
- Report to the municipal management group how goals have been reached



## Lessons learned - building capacity for HIAP in local governments 1/2

- There needs to be a national policy, legislation that recognises the importance of health/welfare promotion in local or regional level administration
- Permanent structure and horizontal management system for health promotion
  - ➡ puts the horizontal work into practice, from rhetoric to action
  - ➡ enables and facilitates the definition of the implementation responsibilities between sectors
  - ➡ involves all sectors for monitoring and reporting the common process and outcome indicators - what each sector has done for the health and welfare of the population
  - ➡ a common ground for following up and evaluating the objectives
  - ➡ health promotion becomes an important common issue in the decision-making
  - ➡ improved health and welfare consciousness within each sector



## Lessons learned - building capacity for HIAP in local governments 2/2

- ➡ intersectoral action is time-consuming activity
- ➡ tasks of the different groups in the management structure/system must be clear and concrete
- ➡ results of the intersectoral action take time to emerge
- ➡ Intersectoral action is a tool for achieving the objectives, not an intrinsic value itself (policy coherence)
- ➡ HP benchmarking systems is a promising mechanism to
  - facilitate HP action on local level within the administration
  - generate public discussion on health promotion capacity and activity of the residents' municipality



# Health Promotion Capacity and Activities of Local Government sectors

- A benchmarking system for local level  
health promotion work



# A generic framework for assessing organisational health promotion capacity and activity on HP

- A development project was started in 2006
- Development of the common framework was based on international literature on health promotion capacity building and quality management
- Key characteristics for health promotion at the level of the organisation are measured
- Seven dimensions (applicable to all sectors)
  1. Commitment to the promotion of population health;
  2. Management;
  3. Common practices (e.g. register health data into the information system, which screening test are to be used for detecting II-type diabetes)
  4. Population health monitoring and need analysis
  5. Resources
  6. Public participation/partnership in the planning and evaluation of health promotion services
  7. Other key health promotion activities



# TEAviisari ("HPpointer") benchmarking system for local governments

- A tool for management, planning and evaluating health promotion
  - Highlights especially the work done in "silos"
  - Strengthen the civil society
- Comparable, nation-wide data enables benchmarking
- On the internet (see [www.thl.fi/teaviisari](http://www.thl.fi/teaviisari) and click one of the pictures)
- Free access to everyone



# TEAvisari benchmarking system in the internet

- In system you may
  - Consider one municipality's or area's indicators
  - Compare two municipalities' or regions' indicators with each other
  - Compare regions with each other
- Data set in the system
  - Primary health care (2008)
    - 83% response rate (of all health centres)
  - ⇒ 129 variables
  - all answers were recoded to indicate the desired quality
  - ⇒ Sum-indexes were formed
  - ⇒ Total sum by dimensions was scaled to 0–100
- Coming in the autumn
  - Primary health care 2010, schools and physical activity/sports, and 2011 management of the municipality



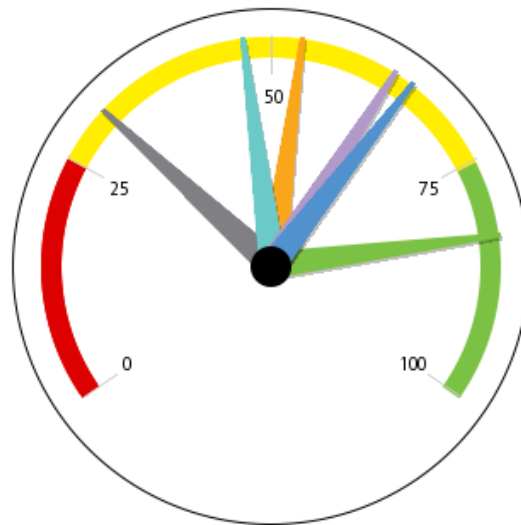
# Compare two municipalities' or regions' indicators with each other

Tampere

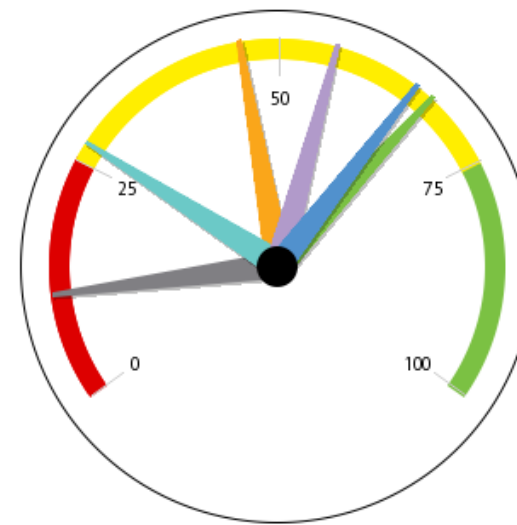
Turku

[Ohjeet](#) [Alkutilaan](#)

- 1 HP\_capacity building
- Commitment
- Management
- Evaluation
- Resources
- Common practises
- Other HP activities



- 1 HP\_capacity building
- Commitment
- Management
- Evaluation
- Resources
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- Other HP activities



| Terveysten edistämisaktiivisuus           | Tulos | Koko maa |
|---|-------|----------|
| <a href="#">Sitoutuminen</a>              | 65    | 50       |
| <a href="#">Johtaminen</a>                | 63    | 52       |
| <a href="#">Seuranta ja tarveanalyysi</a> | 47    | 33       |
| <a href="#">Voimavarat</a>                | 83    | 48       |
| <a href="#">Yhteiset käytännöt</a>        | 53    | 48       |
| <a href="#">Muut ydintoiminnot</a>        | 31    | 31       |

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| <a href="#">Muut ydintoiminnot</a>        | 11    | 31       |

Porautumisella tarkoitetaan siirtymistä raportoinnissa yksityiskohtaisemmalle (alas) tai yleisemmälle (ylös) tasolle. Poraudu alaspäin klikkaamalla viisaria tai taulukon tekstiä. Poraudu ylöspäin valitsemalla "poraudu ylös" hiiren oikealla näppäimellä. Kun tarkastellaan yksittäisiä kysymyksiä, terveyskeskuksen tai kunnan selkokielinen vastaus tulee näkyviin. Lisätietoja ohjeessa.

Tulos on ulottuvuuden vastauksista laskettu pistemäärä välillä 0–100. Pistemäärä kuvaa prosenttiosuutta maksimipisteistä. Koko maan tulos on kaikkien vastanneiden väestöpainotettu keskiarvo. Vuoden 2008 terveyskeskusaineiston jokaisessa näkökulmassa noin kymmenen terveyskeskusta sai 75 pistettä tai enemmän, minkä perusteella määritettiin kuviossa vihreä alue. Punainen alue määritettiin yhtä suureksi.

# Thank you!

## Literature

Ståhl T (2009) *Is health recognized in the EU's policy process? An analysis of the European Commission's impact assessments*. The European Journal of Public Health 2009; doi: 10.1093/eurpub/ckp082

Ståhl T (2010) Is the increasing policy use of Impact Assessment in Europe likely to undermine efforts to achieve healthy public policy? - A Commentary. J Epidemiol Community Health.

