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Local government officials' views on intersectoral collaboration within their organization – A qualitative exploration

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Abstract
Objectives: Intersectoral collaboration (ISC) is defined as collaboration between health and non-health local government officials and is a prerequisite for the development of integrated policies that address wicked public health problems. In practice, ISC has proven to be problematic, which might be related to differing views on ISC across various policy sectors. Therefore, our objective was to explore local officials' views on ISC.
Methods: We interviewed 19 officials responsible for 10 different policy sectors within two small-sized municipal governments within one Dutch region. We asked interviewees about ISC facilitators and barriers and categorized them in the theory-based concepts of capability, opportunity and motivation.
Results: Capability was found to be determined by the ability to share policy goals, and was more likely to increase when officials had greater motivation to continue learning. Interviewees in both municipalities expected that flatter organizational structures and coaching of officials by managers could improve ISC opportunities. When the perceived feasibility of ISC and professional autonomy was low, motivation to learn new ISC skills was low.

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Conclusion: In the view of government officials, ISC is an appropriate tool to address wicked public health problems, but implementing ISC requires flatter organizational structures, merging of departmental cultures and leadership by heads of departments and town clerks in order to decrease officials' fears of losing professional autonomy. Public Health Service officials can play a more active role in merging cultures by increasing understanding about the multi-dimensionality of public health and reframing health goals in the terminology of the non-health sector.

Introduction

An important prerequisite for the development of integrated public health policies is intersectoral collaboration (ISC). Within the context of governmental policy, this refers to collaboration between the 'relevant' officials from health and non-health government sectors to prevent very complex (i.e., wicked) public health problems such as childhood obesity [1]. 'Relevant' refers to the goal of ISC, which is to approach the determinants of health in an 'integrated' way. Since health determinants operate in both *soft* domains (i.e., welfare-oriented, like health education, safety, and sustainability), and *hard* domains (i.e., technically, physically and financially oriented, like street lighting, speed limits in residential areas and sidewalks), health ideally should be a mandatory focus *across* domains and structured into the policies of non-health sectors as well. This implies the need for ISC [3-7]. In the policy literature, very complex (public health) problems which have proven to be resistant to resolution are often described by the term 'wicked'. Wicked is not referring to the evilness of a problem, but is referring to the multi-causal nature and social complexity (i.e., involving a wide range of actors) of the problem. 'Wicked' problems are contrasted to 'tame' problems, which might be technically complex, but are less socially complex. Therefore tame problems can be more tightly defined and solved by linear analytical approaches compared to wicked problems which require more innovative and collaborative (intersectoral) problem solving approaches [1,2].

In Dutch municipalities, operational level public officials generally are divided over 8–10 different policy sectors each with their own set of policies (e.g., town planning policies, sport policies). In the public health (PH) sector, officials are assisted by Public Health Services (PHS's) which are formally an extension of the municipal PH department [8]. The work of operational level officials is guided by the policy decisions that are (ultimately) made at the strategic level by the municipal council members. The municipal executive body (called College of Mayor and Aldermen) is responsible for implementing decisions and the town clerk is, as director of the bureaucratic work force, responsible for the translation of political decisions into organizational outcomes. At the tactical level, heads of department(s) manage the work process of the operational level officials. Sometimes, the public is also involved in the policy process; 'bottom-up' approaches refer to policy developments that are more community-driven, while 'top-down' approaches are based on more bureaucratically-driven policy developments [9,10]. Since community needs are rarely restricted to one policy sector; ISC again becomes relevant.

Although quite an extensive range of the literature has explored determinants of ISC [e.g., [5,11-20], fewer studies [e.g., [6,21-25] have documented how ISC is *perceived* (qualitatively) by officials from different policy sectors (i.e., expertise fields) within local government. Because this type of ISC is critical for making local integrated public health policies [4], the present study aims to answer the following research question: *What are the views of public officials on the determinants of intersectoral collaboration (ISC) within local governments during the preparation phase of implementing ISC within their organization*?

The COM-B system

To understand the determinants of ISC, we apply the 'COM-B' system; capability, opportunity, and motivation (COM) and behavior (B). The COM-B is part of the Behavior Change Wheel (BCW) [26], which is based on a synthesis of frameworks across a range of areas (e.g., environmental and cultural change, social marketing). Since the transition from *intra*sectoral to *inter*sectoral collaboration requires the adaptation of working routines and organizational behaviors, and the COM-B system recognizes that behavior change does not occur in a vacuum, but will occur only when COM determinants for ISC are sufficiently present (Figure 1), using the COM-B seemed an appropriate framework for this study [24,26].

Capability refers to what individuals know or are able to do. For example, the ability of officials to assess the impact of their own work on PH, their beliefs about their capability to persuade stakeholders to invest in health policies, or the charisma of actors to direct the consensus-building process towards a direction that suits their interests [24,26-29].

Opportunity encapsulates structural variables, including all aspects of the physical and social environment that influence behavior either directly or through motivation (e.g., through incentive structures, consultation structures,

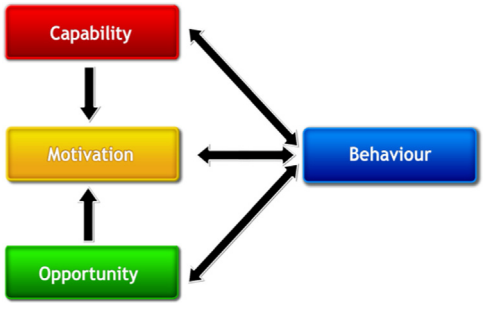

Figure 1 The COM-B system [26].