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Käytä viittauksessa alkuperäistä lähdettä:

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Healthy Boost

HEALTHY BOOST

Urban Labs for Better Health for All in the Baltic Sea Region - boosting cross-sectoral cooperation for health and wellbeing in the cities

Cross-sectoral Cooperation for Health Promotion self-assessed by staff in nine Baltic Sea Region municipalities

Results of municipalities' self-assessment in Healthy Boost project

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Contents

The project is co-financed from the Interreg Baltic Sea Region Programme.

1. Background and aim of Self-Assessment

The scope and self-assessment matrix were created and implemented by Healthy Boost projects' partners. Self-assessment creates a base and starting point for building the cross-sectoral cooperation model for promoting health and wellbeing in Healthy Boost –project. The self-assessment (SA) was conducted during the first Healthy Boost project's implementation period (Spring 2019). In this report, the main descriptive results are reported. The results aim to guide the co-creative model development process with the municipalities, other project partners and stakeholders in the next steps of the Healthy Boost project.

2. Self-Assessment matrix development process

The scope for Self-Assessment (SA) of cross-sectoral co-operation was created during January and until mid-February. It was created based on the Healthy Boost original project plan (application), issue focused literature search, the relevant results of which were used and applied. Scope definition has included active collaboration with WP2 Leading Partner Lithuanian University of Health Sciences as well as model developing partner Riga Stradiņš University. Materials, references and draft documents were shared for co-creation in Healthy Boost Dropbox by all project partners. The scope definition was discussed during multiple Skype meetings. The process development was on agenda in all Health Boost Coordinators Skype meetings in spring 2019.

Metropolia UAS as a responsible partner for SA, planned and facilitated the scope and matrix building Workshop for cities and other partners for Kaunas meeting 21st February. Learning café method was prepared and used for co-creation during the workshop. The defined Scope, relevant references and the results of co-creation in Kaunas workshop were used for the selection/development of SA indicators. SA indicator development was conducted co-operatively with the most responsible partners of WP2 (Riga Stradiņš University, Lithuanian University of Health Sciences and Metropolia UAS). After the first draft has been developed, it was shared for co-creation with all partners by Dropbox. The pilot Google forms version for SA e-questionnaire was developed, and piloted by 43 city representatives from eight cities between 8th and 16th May 2019. The summary of pilot results was shared among responsible partners on 17th May. The SA tool was refined by Skype meeting on 21st May to finalize the indicators and tool with orientation and guidance for the cities to implement SA. After that the translation of SA tool for native languages separate e-questionnaires for all the cities were created.

3. Self-Assessment implementation in the cities

The final Self-Assessment tool needed to be translated into native languages (Estonian, Finnish, Lithuanian, Polish, Russian) of the cities to avoid the possible respondents drop-out or misunderstanding

of the questions and statements in English language version. In Jelgava, the assessment was con-ducted in English version, not translated into Latvian. After the translations were done, until 25th May 2019, separate Google-forms e-questionnaires for all the cities were created. The SA tool with guidance for the delivering it in the partner cities was sent to city coordinators. The request for conducting the self-assessment was set on 10th June. The deadline for assessing was later delayed until 12th June by the partner cities wish. The data received by e-questionnaire, was combined into one excel-form database and then turned it into SPPS-data. Descriptive statistical analysis were done by the assistance of statistician on 13th and 14th June and 12th of August. Open questions given from city respondents, were translated (in collaboration with city-coordinators) into English and added into the SPSS-data. These basic results are to be reported for Lithuanian University of Health Sciences and Riga Stradiņš University partner by 15th August, and for the city partners by the end of August.

4. Self-Assessment results

4.1 The number of the respondents and their backgrounds

Altogether 329 staff members from nine cities conducted the self-assessment. Highest number of respondents were from Klaipeda (n=114) while the number of respondents from other cities varied between 16 and 37. (Table 1)

Table 1. The number and percentage of respondents (N=329) by the Healthy Boost cities.

	Frequency	Percent	Valid Percent	Cumulative Percent
Cherepovets	34	10,3	10,3	10,3
Helsinki	34	10,3	10,3	20,7
Jelgava	16	4,9	4,9	25,5
Klaipeda	114	34,7	34,7	60,2
Poznan	23	7,0	7,0	67,2
Pskov	31	9,4	9,4	76,6
Suwalki	37	11,2	11,2	87,8
Turku	16	4,9	4,9	92,7
Tartu	24	7,3	7,3	100,0
Total	329	100,0	100,0	

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4.1.1 Gender, educational background and position in the organization

The majority of respondents (N=329) were female (n=260, 79%), while one fifth (n=66, 20.1%) were male. About one percent (n=3, 0.9%) informed other or preferred not to inform their gender. The majority of female respondents varied be-tween the cities from 61.3% in Pskov to 100 % in Jelgava. (Appendix 1.)
Over 90% of the respondents (N=329) informed having higher education, as applied higher or bachelor education (40.4%) or master's degree (52%). Ten respondents (3%) had doctoral level degree. Only a few (2.4%) had lower educational background, as basic, secondary or vocational degree and almost same amount (2.1%) informed having some other kind of educational background. (Figure 1, Appendix 1.)
The profile of city respondent's educational background differed by the city. The percentage of informed education varied between the cities on master or other higher education from 77.4 to 99.9%, on doctoral degree from 0 to 18.8% and on basic, secondary or vocational education from 0 to 4.2%. (Figure 1, Appendix 1.)

Over one third (37.7%) of the city personnel (N=329) conducted the self-assessment worked as senior specialists or experts in their organizations. Almost one fourth (23.4%) were heads and every tenth (9.7%) senior managers. About one fifth (19.8%) were professional workers. Some (9.4%) answered having some other kind of position. (Figure 1, Appendix 1.)

The position of staff involved in the self-assessment (N=329) within their organization varied greatly from city to city. Respondents' positions varied between 5.4 and 64.7% in senior specialists or experts, between 4.2 and 54.8% in heads, between 2.9 and 58.3% in professional workers and between 0.9 and 31.3% in senior man-agers. (Figure 1, Appendix 1.) ¬

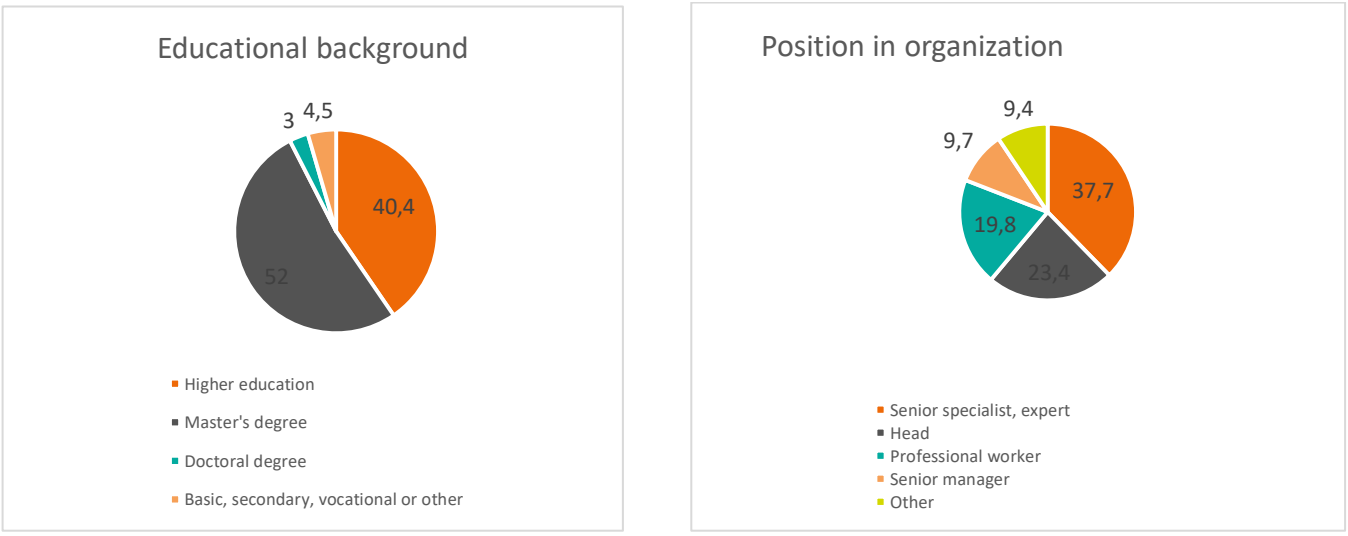

Figure 1. Respondents (N=329) educational background and position in their organization, %.

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4.1.2 Administrative sector

In the background question of respondents' administrative sector, there were 14 different sectoral options, plus the choice 'other'. Most common (27.1% of the respondents) back-ground sector, varying from 4.2 (Tartu) to 62.5% (Jelgava) between the cities, was administration of the city. Some kind of health sector (health care, health and social or public health) was informed by almost one fifth (18.6%), social (12.5%) and education (12.8%) sectors by every eighth of staff respondents (N=329). The administrative sectoral back-ground of the respondents varied quite a lot by the cities. (Appendix 1.)

4.1.3 Involvement in Health Boost pilot project

About one fourth (26.4%) of the personnel who conducted the self-assessment (N=329), were involved in their city's Healthy Boost pilot project. Not all respondents seemed to be aware of pilot project, about 15% replied they didn't know whether they were involved or not. There were big differences between the cities on pilot project involvement, varying between 6.3 and 62.5%. (Figure 2, Appendix 1.)

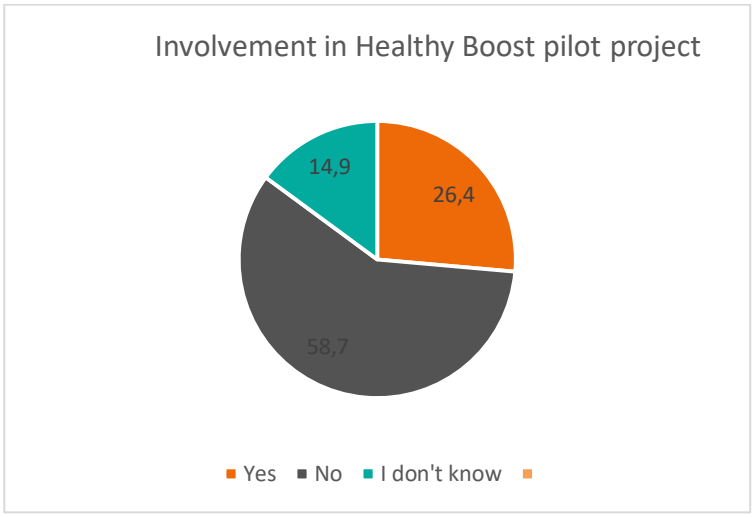

Figure 2. Respondents (N=329) replies for the question 'Are you involved in the Healthy Boost pilot project in your municipality?'

4.1.4 Views on cross-sectoral cooperation and the written strategy for promoting health and well-being in the cities

Of all city respondents (N=329), over 90% answered their own city/municipality is currently considering cross-sectoral cooperation for promoting citizens'/ public health and well-being important or very important, even almost one third (60.5%) considered it to be very important. There appeared statistically significant (p=0.031) differences between the cities in the responses also in this assessment. (Figures 3 and 4, Appendix 1.)

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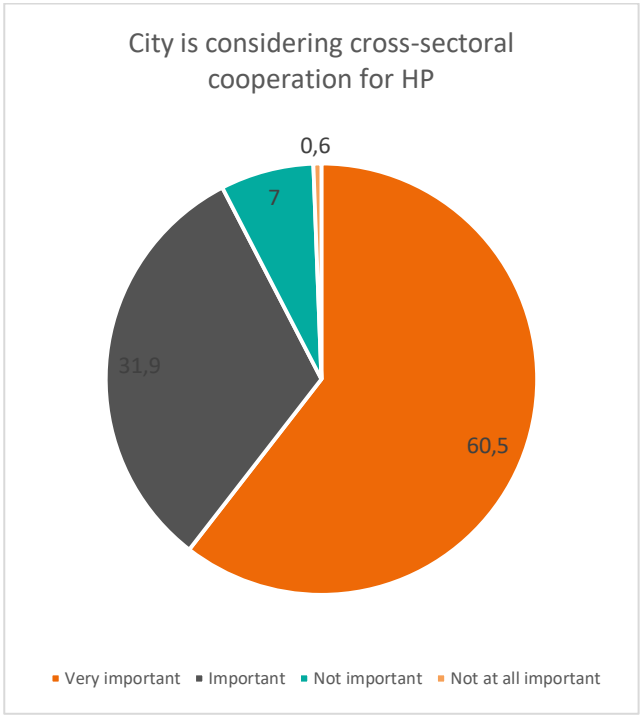
Over half (54.7%) of all respondents (N=329) answered that their city had a written strategy for promoting health and well-being. However, over one third (35%) did not know about the existence of this kind of written strategy, and 10% answered there were no written strategy in their city. Based on the replies, the existence of health promotion strategy was widely known in many cities, especially in Turku (93.8%) and Helsinki (91.2%). In most of the cities, at least about every third responded that a written strategy existed. There were also cities where the big amount of its' respondents, varying between about 6 and 60 % by the cities, were unaware whether the written strategy existed or not. The proportion of respondents who answered there were no written strategy varied between 0% (Helsinki, Pskov) to 62.5% (Jelgava) by the cities. The differences between the cities were statistically very significant (p=.000). (Figures 3 and 5, Appendix 1.)



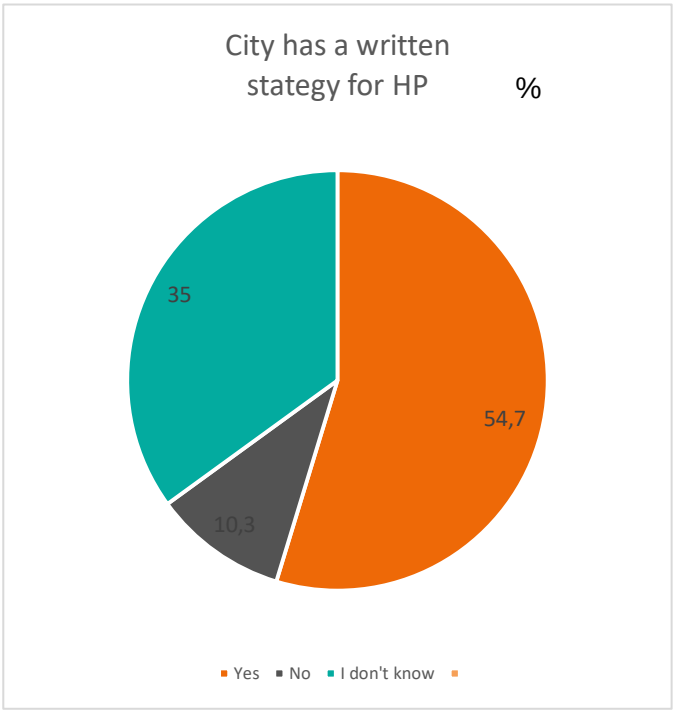


Figure 3. The importance of cross-sectoral cooperation assessed by the respondents (N=329). The cities having a written strategy for promoting health and wellbeing according to the respondents. (HP=health pro-motion).

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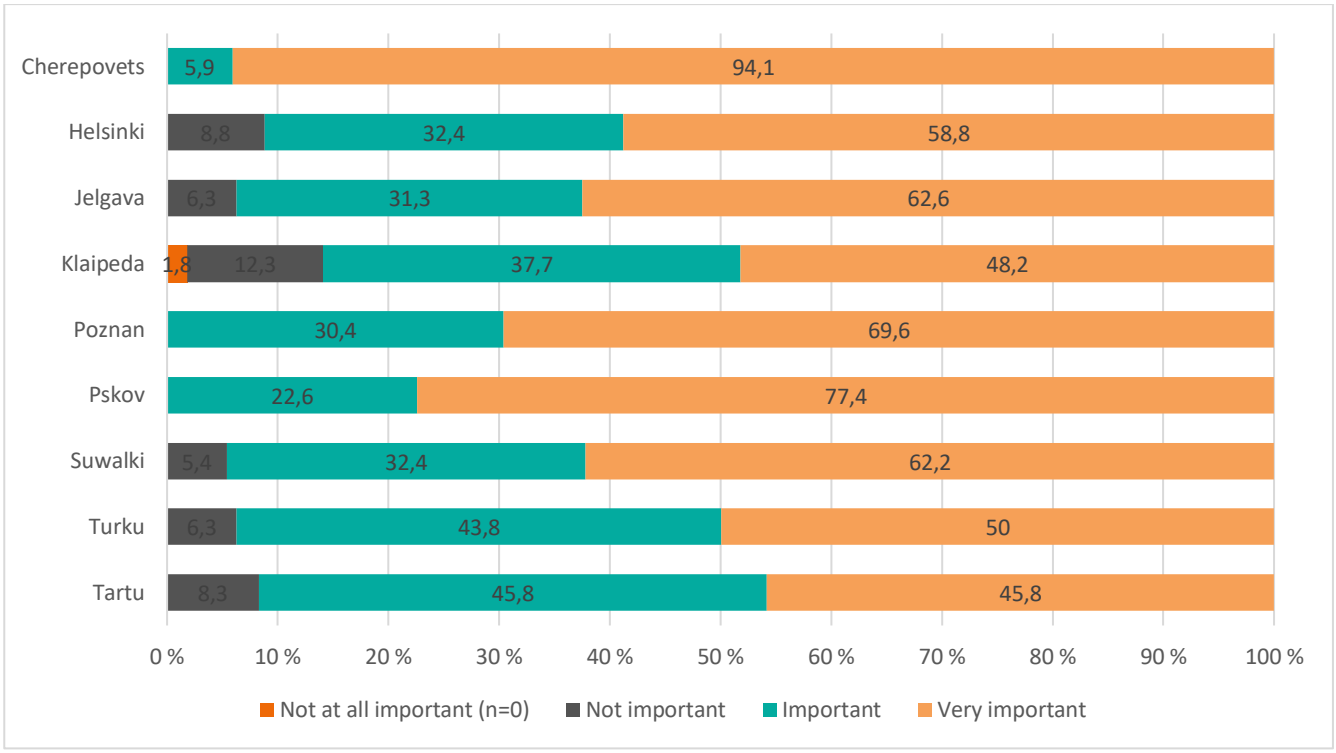

Figure 4. Percentage distribution of the assessments on 'Our municipality/city is considering cross-sectoral cooperation for promoting health and wellbeing' by the cities.

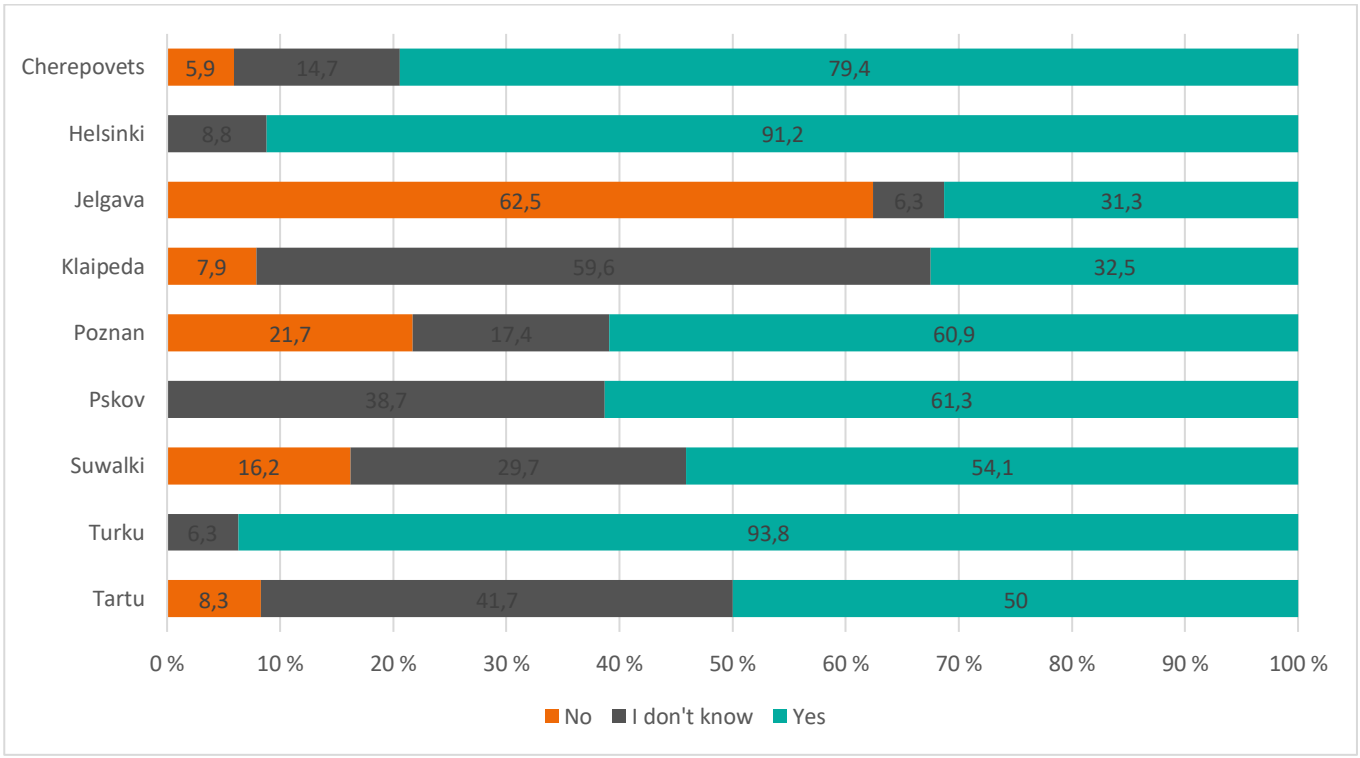

Figure 5. Percentage distribution of the replies on 'Our municipality/city has a written strategy for promoting health and well-being' by the cities'.

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4.2 Strategic approach

The respondents were asked to conduct self-assessment related to the strategic approach for promoting health and well-being in their city/municipality, by thinking about their recent (the past two years old) work. Strategic self-assessment domain included the questions on mission, objectives, partner resources, activities and the directions of the actions and management in relation to cross-sectoral cooperation for promoting health and wellbeing. Respondents were oriented to think about cross-sectoral cooperation between city/municipality sectors, as well as with stakeholders/actors outside the municipality (e.g. enterprises NGOs and other public organizations).

The Self-assessment tool's Strategic approach statements are listed below:

S1. We have a shared vision with our partners of how to promote health and well-being of the community in our municipality / city.
S2. The cross-sectoral co-operation is supported by our local policy leaders and decision-makers.
S3. The benefits of the co-operation in health promotion are clear for all partners.
S4. The objectives / actions for promoting health and well-being across sectors are well coordinated.
S5. Cross-sectoral cooperation is the part of a written strategy in our municipality / city.
S6. The way to identify the needs for promoting health and wellbeing of community is systematic.
S7. Local communities and residents are encouraged to participate in decision making.
S8. The needs for cooperation among partners are presented clearly.
S9. We expect that the potential partners are engaged in cross-sectoral cooperation.
S10. All sectors are considered as potential actors in cooperation for promoting health and well-being.
S11. Cooperation goes beyond the city administration including NGOs, enterprises as well as other public organizations.
S12. Cooperative initiatives for promoting health and wellbeing are supported by financial resources (municipality, government, EU, other public or private funding).
S13. Cooperative initiatives for promoting health and wellbeing are supported by human resources (e.g. staff working time, staff competence development).
S14. We have guidelines and tools for cross-sectoral cooperation.
S15. We have a long-term approach to develop cross-sectoral cooperation.
S16. Cross-sectoral cooperation is aligned with the goals of partners involved.
S17. What else would you like to say or add here?

The respondents rated their level of agreement or disagreement within sixteen statements about Strategic approach by using Likert scale (1. Strongly disagree, 2. Disagree, 3. Neither agree nor dis-agree, 4. Agree, 5. Strongly agree). The statements based means of the assessments are presented in the Figure 6. The summed mean scores (S1-S16) in strategic approach are described by the municipalities/ cities in the Figure 8). The whole percentage distributions of each statements responses are described in Figure 7 (also Appendix 2).

When interpreting the self-assessed values at a general level, we have applied in interpretations the Cross-sectoral cooperation "Maturity model". The maturity concept helps to articulate and indicate the state and

direction of multidisciplinary cooperation in cities and municipalities. The concept and its application could be develop further during co-creation of the model for cross-sectoral cooperation. The scores in strategic and in operative dimensions are classified into four levels. The level indicate the ”maturity” in cross-sectoral work. The higher the values, the higher maturity and aware-ness in cross-sectoral cooperation. The values (from 1 to 5) and levels are also presented in color (Table 2).

Table 10. Maturity in cross-sectoral cooperation, in its strategies and operations.

Scores (SA measure scale)	Level	Maturity in cross-sectoral cooperation strategies and operations
1.0 - 2.0	2. Starting phase	Limited maturity: No shared strategies /actions, fragmented approach
2.1 - 3.0	3. Evolving	Evolving maturity: some shared strategies / joint actions
3.1 - 4.0	4. Good	Good maturity: Many shared strategies and joint actions
4.1 - 5.0	5. Optimal	Optimal maturity in cross-sectoral cooperation: Active partnership, proactive and shared strategies and joint actions

4.2.1 Strategic approach to cross-sectoral health promotion in the cities

Generally, all the cities have recognized cross-sectoral cooperation in health promotion at the strategical level according to self-assessment of the representatives. There were high agreement that cross-sectoral strategies are shared in addressing cross-sectoral partnership and engaging with potential partners to cooperate for health and well-being. The biggest challenges appears to be in the area of cross-sectoral coordination of health promotion and in identifying systematically the community needs for health promotion. The number of respondents who “Neither agree nor disagree” was high which indicates that there is a need for enhancing shared awareness in strategical approach. The results of self-assessments are highlighted next according to strategical profiles based on the whole assessment data of respondents (N=326). Next comparative data of city-based profiles is presented in the visual form (Figure 8. City-based statistical results are available in the appendixes.

The strategic profile in cross-sectoral cooperation, based on the summary of the means of all city respondents (N=320), is visualized in Figure 6. By using maturity level model, generally, cross-sectoral strategy work indicates most often evolving (yellow) or good (green) maturity in cross-sectoral cooperation in the cities and municipalities. The strategic cross-sectoral cooperation has been started, it is highly valued and considered important in the cities. At the same time, many respondents were not sure of the strategic status, which resulted in a high number of "strongly disagree or disagree" responses. The mean values in strategy statements varied between 3.2 and 3.93. The Standard deviation was between 0.91 and 1.01, among all the statements. The most strongly agreed statements were S9 (Mean=3.93) and S11

(Mean=3.92): S9: 'We expect that the potential partners are engaged in cross-sectoral cooperation' and S11: 'Cooperation goes beyond the city administration including NGOs, enterprises as well as other public organizations', which describe respondents perception of cross-sectoral partnerships inside, as well as outside, the municipality. (Figure 6) In these statements (S9, S11) the percentage of those (N=329) who neither agreed nor disagreed with the statement were 26.4% and 20.7%. (Figure 7, Appendix 2.)

The lowest agreement level in Strategy approach was given in the statements S4 (Mean 3.2) and S14 (Mean 3.26), S4: 'The objectives / actions for promoting health and well-being across sectors are well coordinated', S14: 'We have guidelines and tools for cross-sectoral cooperation', describing the strategic coordination and management of cross-sectoral cooperation. (Figure 6) The percentage of those (N=329) who neither agreed nor disagreed with the statement was also high, 43.5% and 44.4% indicating unawareness in the strategy issues. (Figure 7, Appendix 2.)

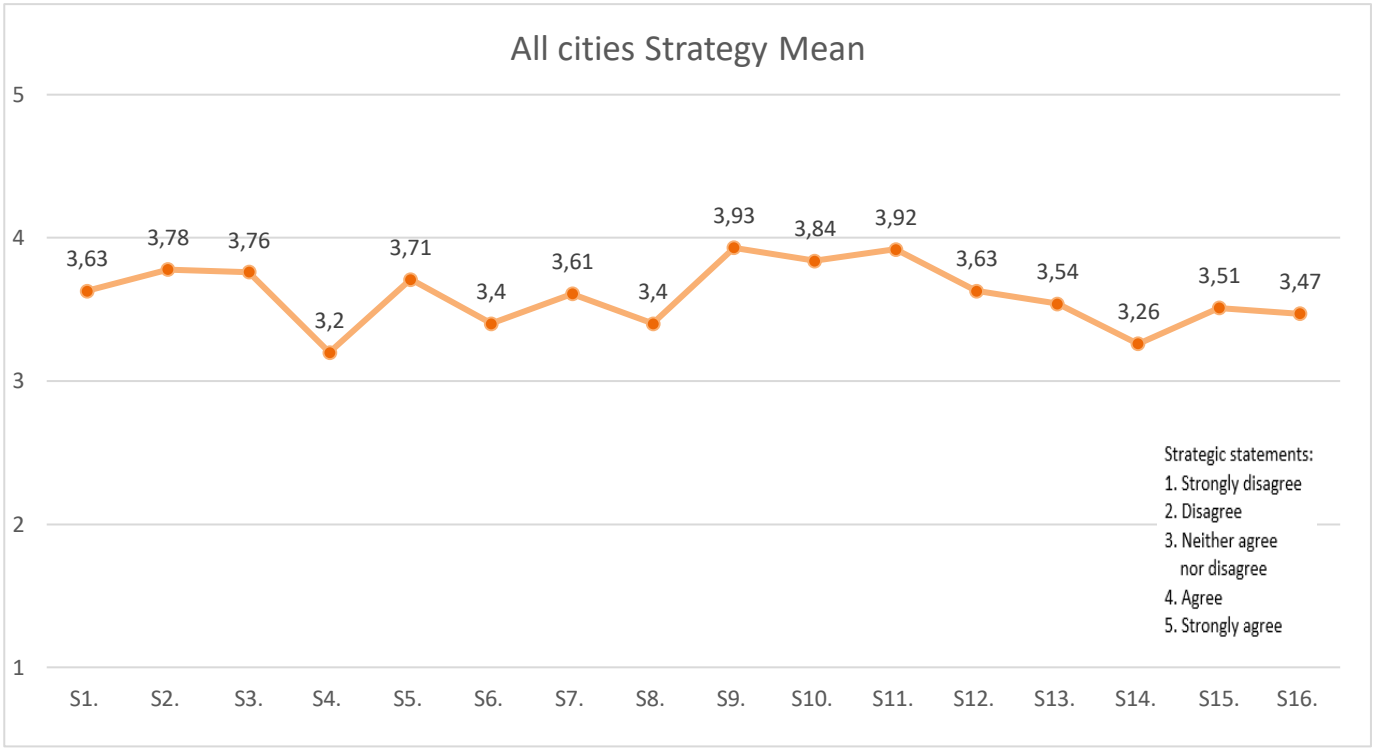

Figure 6. Strategy profile of cross-sectoral cooperation based on the Mean values from the total Self-Assessment data (N=329). Scale 1-5, 5 meaning the strongest agreement with the strategy statements (S1- S16)

The distribution of Strategy approach statements is graphically described in Figure 8. Most often strongly agreed statements (9,10 and 11) focused on partnership. Most commonly disagreed (strongly disagree + disagree) statements focused on coordination, support by guidelines and on tools and identification of the needs for promoting health and wellbeing. The percentage of staff respondents who answered 'Neither agree nor disagree' was high on most of the statements, varying from 20.5% (S11) to 45% (S8) by the statements which can be interpreted as a lack of shared awareness about the strategies across sectors.

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However, there is need for discussions and interpretations in the cities based on their own city-based results (Figure 7).

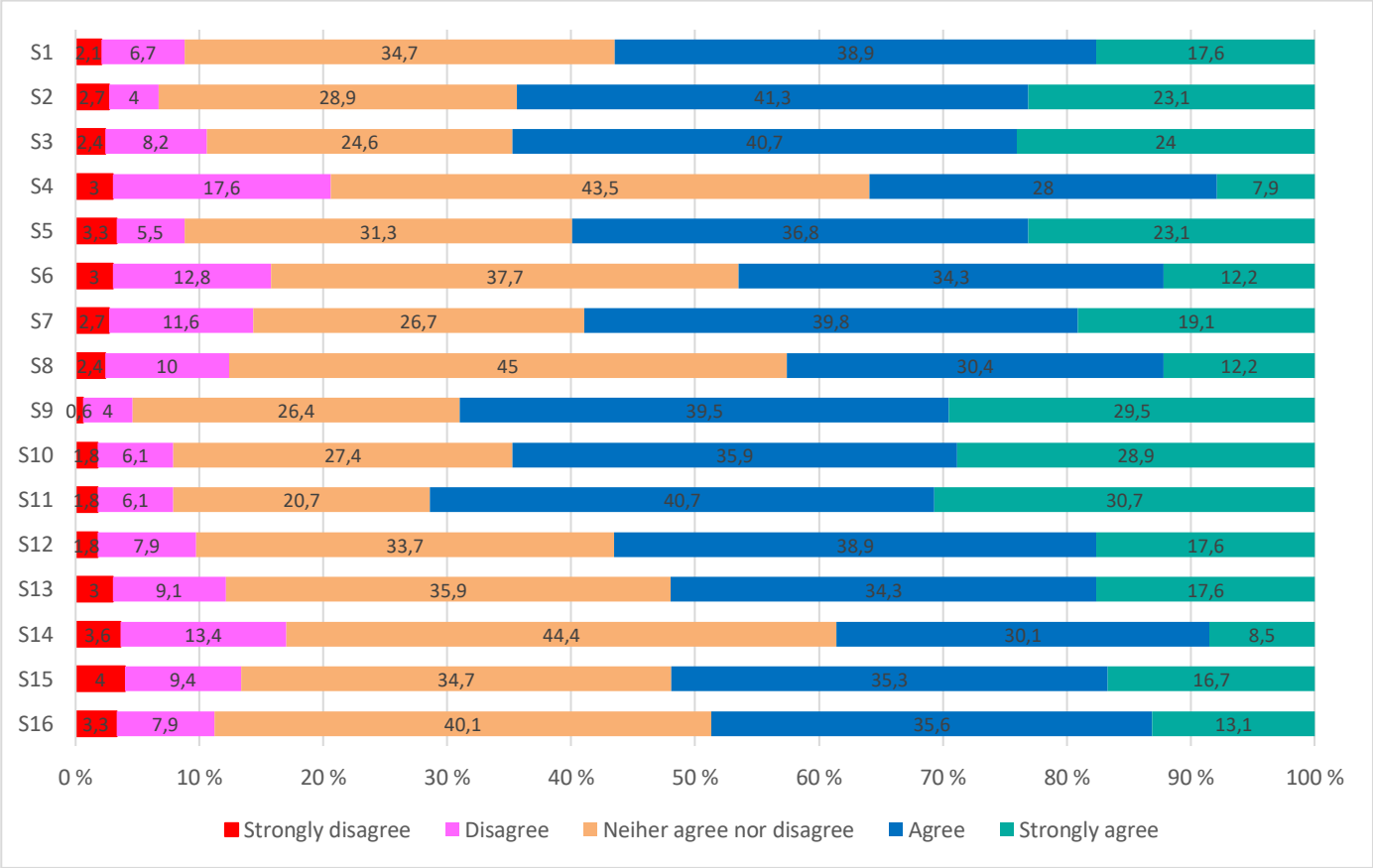

Figure 7. Strategic approach statements percentage distribution (N=329).

The Strategy statements Mean-profiles for each city/municipality, are presented in the Figure 8. There existed variation in the strategy profiles among the cities assessed by the respondents, who represented widely different sectors and positions in their city organizations (Appendix 1, tables 3 and 4).

Generally, strategic state in cross-sectoral cooperation was assessed high in many cities, eg Cherepovets, Suwalki and Pskov. The most critical assessments about the strategy state, were given by the respondents from Jelgava and Turku. However, there is statements based variation in the assessment profiles, which can be used as a guide in the development work. In some cities, like in Klaipeda, the profile was very stable, as all the Strategy statements were assessed about at the same level, (Mean between 3.2 and 3.6) indicating good maturity in cross-sectoral cooperation. Also in Suwalki the variation by the statements was quite small (Mean values between 3.4, good maturity and 4.3, optimal maturity) while in some cities, the assessments varied a lot between the Strategy statements as can be seen in Figure 8. The results offer an interesting base for further interpretations and starting points for developing cross-sectoral cooperation in the cities.

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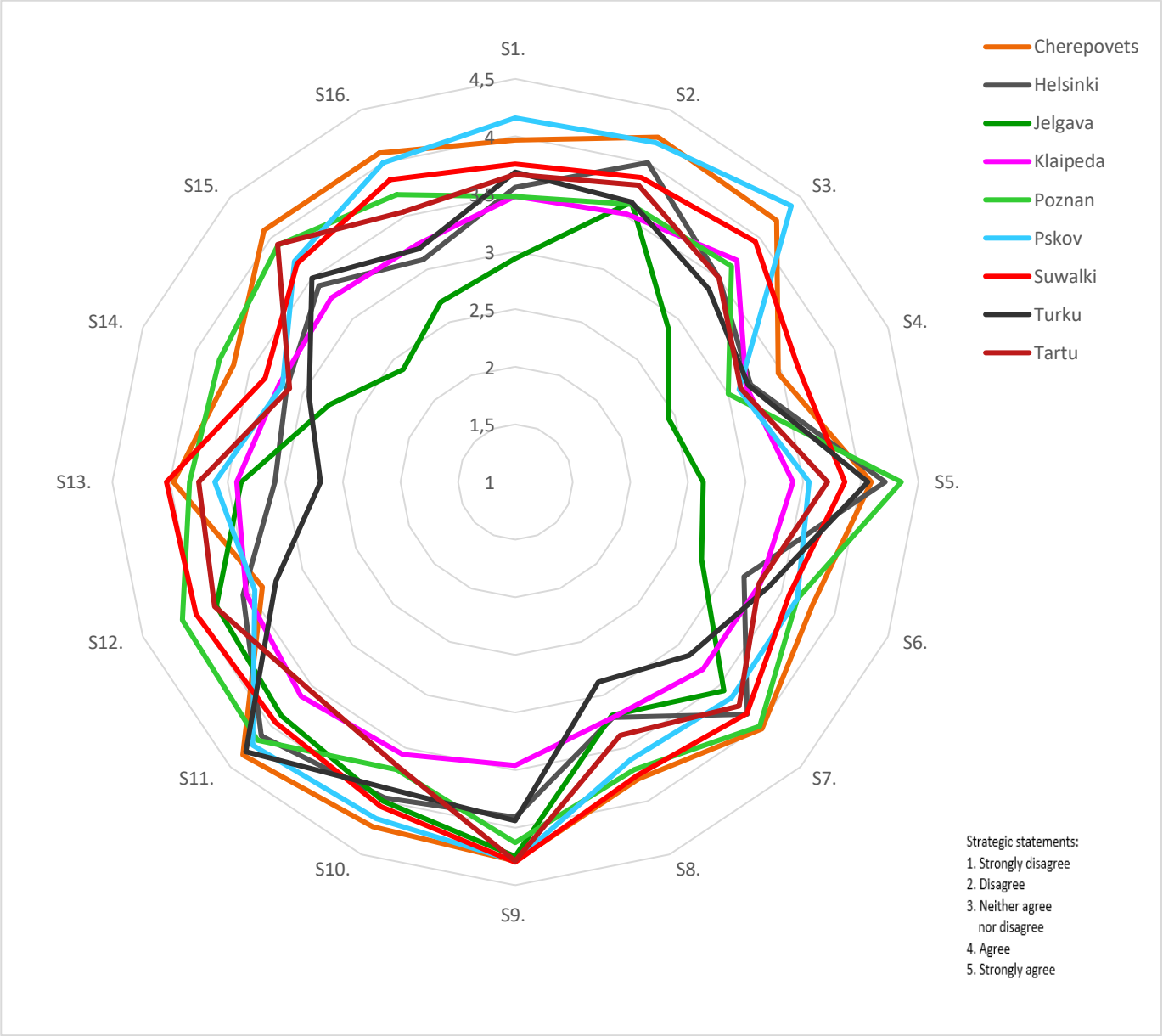

Figure 8. Strategic statements (S1-S16) Mean values (scale 1-5) by the municipalities/cities.

4.2.2 Responses for the Strategy approaches open question 'What else would you like to say or add here?

Altogether 13 respondents four cities/municipalities gave additional views for the open question 'What else would you like to say or add here? There were five additional comments from Helsinki (H) and from Klaipeda (K). From other cities, Klaipeda (K), Poznan (P) and Tartu (Ta), there were one comment from each city. Numbered list of these responses is below, the letter in parentheses indicating the city of the respondent. Some of the comments describes more the state of strategy and some are related to the content of statements. Two informed here (4, 5) that the field of health was not actually their area.

1. Wider partners involvement in the cross-sectoral cooperation process (S).

2. To emphasize a promotion of activity and participation in common work on prevention and promotion health in local environment/community. As a result, it would give potential partners awareness of potential benefits for the local community and create the opportunity to acquire more entities from various sectors to cooperate with. (P)
3. The questionnaire should follow information of the public about the project being carried out, its activities and the results to be achieved. Now it looks that organisers just want to "put a plus", although openly, when the questionnaire is provided to people who do not know about the project, they de-serve a "minus". (K)
4. I am not very familiar with cross-sectoral cooperation in regards to health field. (K)
5. Please select a segmental survey group, I'm not in the target audience. (K)
6. Specific knowledge is required to complete this questionnaire. (K)
7. Cross-sectoral co-operation is in place, but it is not formalised by strategies, programs or plans, so the answers to the questionnaire might be ambiguous. (K)
8. People surely want to cooperate, but they don't well enough know how to do it. (H)
9. Many things have been recognized, a systematic and concrete roadmap - it is not in use at least commonly. (H)
10. It would be good to have all the questions in questionnaire formulated from the perspective of the answerer: me myself for example couldn´t assess or talk about the understanding of the partners (question nr S1). This is also the reason for answering most of the questions "I don´t know", which won´t make the results of the questionnaire reliable.(Ta)
11. Health and wellbeing work has only recently organized and toned up, it is now more systematic. (H)
12. There should be examples on what these questions mean. Text is very high level. (H)
13. Cooperation practices between professionals from different fields require concrete development and management of cooperation. (H)

4.3 Operative approach

The city staff respondents were asked to conduct self-assessment focusing on cross-sectoral cooperative actions and processes taking place in daily practices for promoting health and well-being in their municipality/city by assessing how often or systematically does their organization took stated cooperative actions. Respondents were oriented to think about the recent cooperation over the past two years, and cross-sectoral cooperation between municipality/city sectors as well as with stake-holders/actors outside the municipality (e.g. enterprises NGOs and other public organizations).

Operative statements used the Self-assessment tool are listed below:

O1. Opportunities to cooperate across sectors are actively created.
O2. Local communities and residents are participating in actions that promote health and well-being.
O3. Cross-sectoral activities for health and well-being are well-coordinated.
O4. The needs of residents' health and well-being clearly guide our cross-sectoral co-operative actions.
O5. Objectives and actions for how to promote health and well-being are planned with different partners.
O6. Experiences and competences of each partner are utilized in cross-sectoral cooperation.
O7. Leadership for cross-sectoral collaboration is well organized.
O8. Tools and guidelines for cross-sectoral actions are available.
O9. Staff has time allocated for cross-sectoral cooperation.

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O10. Communication is clear between different partners involved in cross-sectoral cooperation.
O11. The partners and leaders have good opportunities for face-to-face communications.
O12. Local residents are actively involved in activities to improve health and well-being in the municipality / city.
O13. Partners have financial resources to work together.
O14. The roles of each partner are defined clearly in cross-sectoral actions.
O15. Leadership and management actions aim to create trust, confidence and inclusiveness among partners.
O16. Tools and guidelines for cross-sectoral actions are used in practice.
O17. Motivation for cooperation is maintained continuously throughout the partnership.
O18. Alternative views are encouraged to express within the cross-sectoral partnership.
O19. Partners are rewarded for taking risks, experiencing and generating new ideas for promoting health and well-being.
O20. Communication between the different partners is active.
O21. Co-operation is evaluated for continuous improvement and learning.
O22. The results of cross-sectoral work for health and well-being are shared and reported widely.
O23. Cross-sectoral cooperation process is guided by monitoring and follow-up (e.g. minutes of meetings, verbal discussions, focus groups, observations, interviews, document review etc.).
O24. Our cooperation actions are beneficial for all partners.
O25. Cross-sectoral cooperation is a common approach in actions.
O26. Experiences and lessons learned of cross-sectoral cooperation are taken into account for further cooperation.
O27. Partners are actively involved in cooperation.

The respondent rated the activity or frequency of actions related to cross-sectoral cooperation in the municipality/city on the 5 scale Likert: 1. Never, 2. Rarely, 3. Occasionally, 4. Often, 5. Always. The higher the values, the higher the maturity in cross-sectoral actions. The Operative approaches statements Mean values are presented in Figure 9. The summed mean scores (O1-O27) by the municipalities/cities are described in Figure 11. The whole distributions of each statements responses are described in Figure 10 and Appendix 3.

4.3.1 Operative approach to cross-sectoral health promotion in the cities

Operative profile in cross-sectoral cooperation (Figure 9) is based on the Mean values of the statements on the whole self-assessment data (N=329). The Mean values in whole data ranged from 3.0 (evolving maturity in actions) to 3.79 (good maturity) according to the 27 Operative statements. Generally, the maturity in the cross-sectoral operative approach and actions was lower compared to strategic maturity. The Standard deviation was between 0.85 and 1.00, among all the statements.

The most actively operated activities, assessed by the frequency of actions, were O24 (Mean=3.79), O15 (Mean=3.63) and O2 (Mean=3.62): =24: ‘Our cooperation actions are beneficial for all partners’, O15: ‘Leadership and management actions aim to create trust, confidence and inclusiveness among partners’ and O2: ‘Local communities and residents are participating in actions that promote health and well-being’. The operative maturity in cross-sectoral cooperation was good in these actions. The most rarely operated actions, assessed by the frequency of operative actions, were O9 (Mean=3.0) and O13 (Mean=3.01):

O9:‘Staff has time allocated for cross-sectoral cooperation’ and O13: ‘Partners have financial resources to work together’. (Figure 9). Thus, the operative maturity in the financial cooperation was in evolving level.

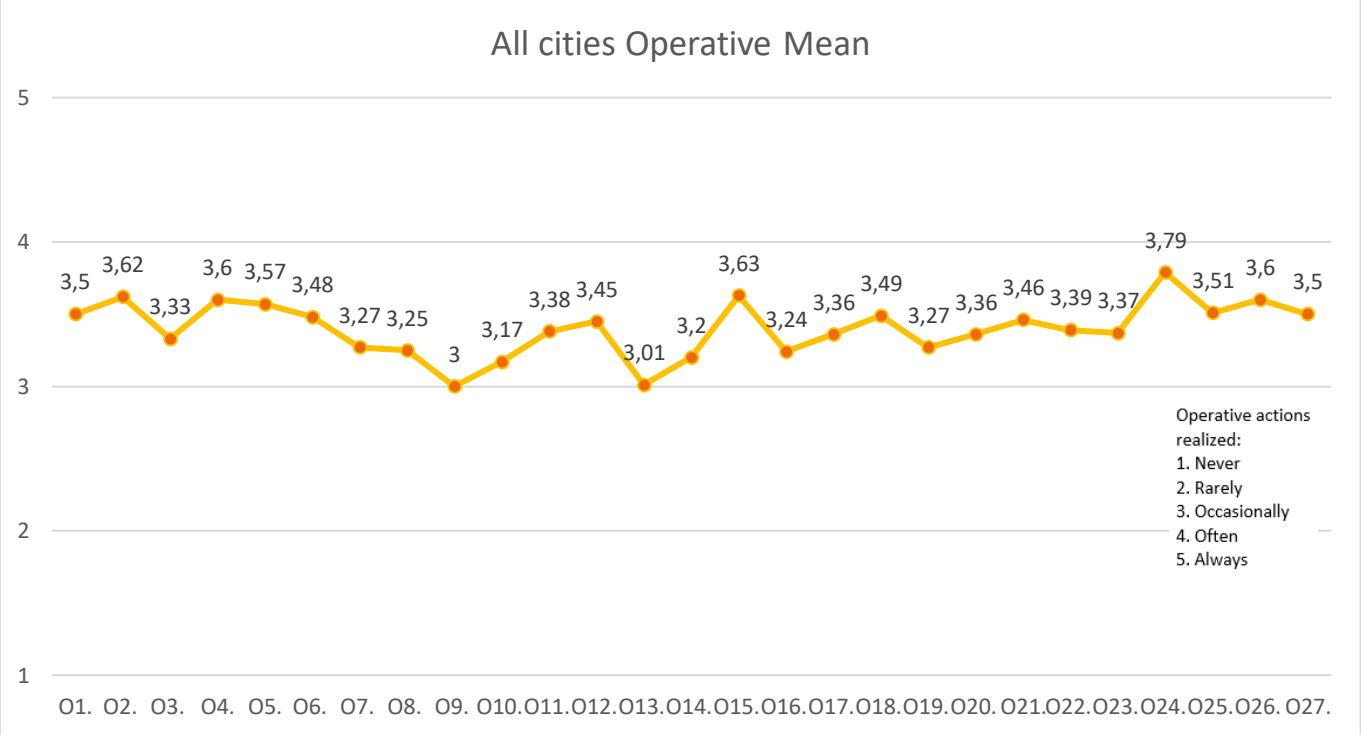

Figure 9. Operative profile of cross-sectoral cooperation actions based on the Mean values of the all self-assessment data (N=329).

The distribution of the values in Operative statements (%) is graphically described in Figure 10. At least 70 % of municipality/city staff respondents assessed all operative actions (O1-O27) to have taken action ‘Occasionally’ or ‘Often’. Most commonly reported operations, as being realized ‘al-ways, were following: O24 (23.7%) ‘Our cooperation actions are beneficial for all partners’; O15 (18.2%) ‘Leadership and management actions aim to create trust, confidence and inclusiveness among partners’ and O4 (16.1%) ‘The needs of residents' health and well-being clearly guide our cross-sectoral co-operative actions’. (Figure 10)

Most commonly ‘Never’ or ‘Rarely’ actualized actions were O9 (27.4%) ‘Staff has time allocated for cross-sectoral cooperation’, O13 (22.4%) ‘Partners have financial resources to work together’ and O19 (21.2%) and ‘Partners are rewarded for taking risks, experiencing and generating new ideas for promoting health and well-being’. (Figure 10). Generally, the actions being concrete and easy to measure in practice, were assessed more critically than the actions having more abstract aims, related often to values guiding the actions.

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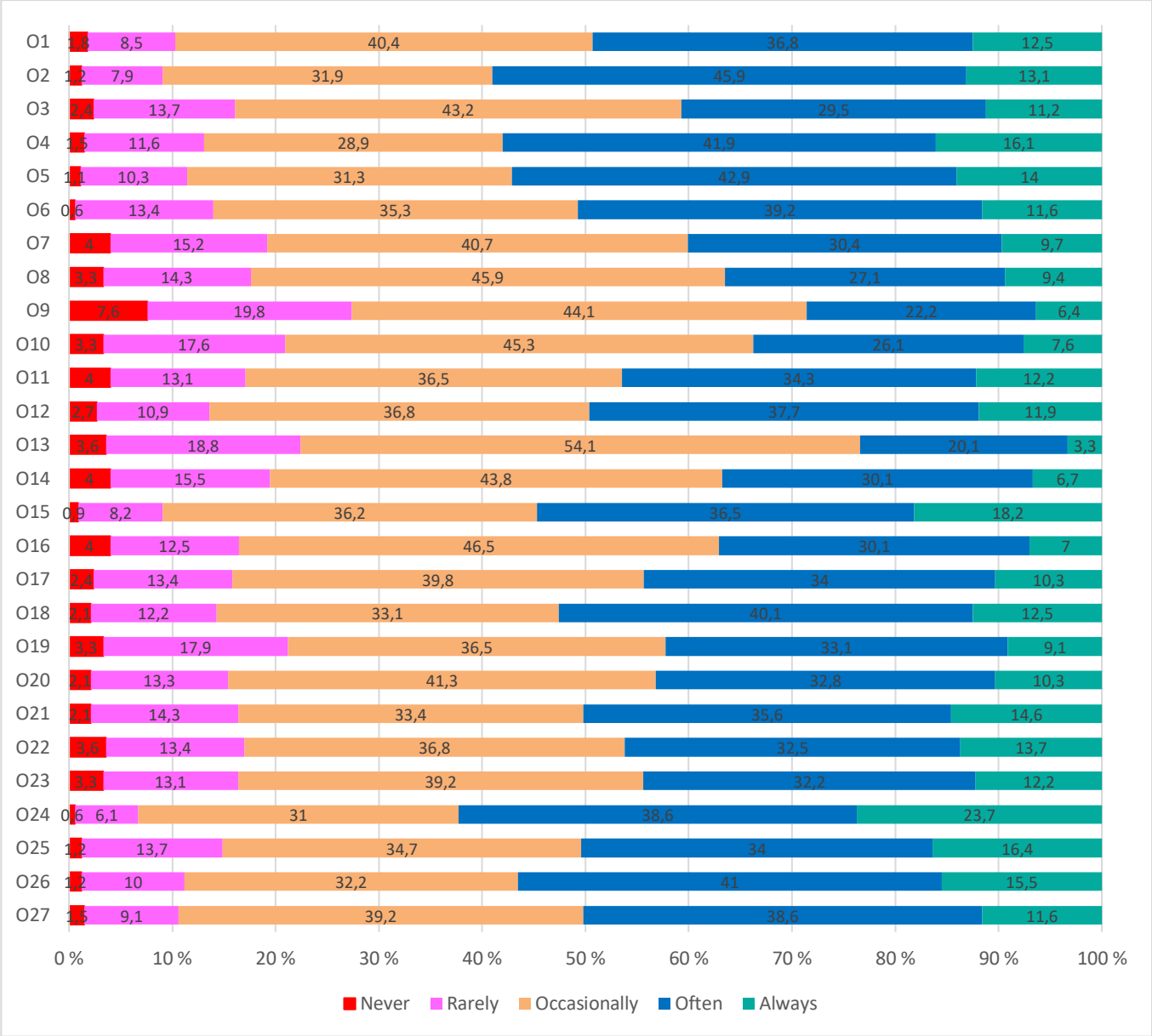

Figure 10. Operative approach statements percentage distribution (N=329).

The city based operative profiles (based on the summed Mean values of the statements in the cities) are presented in the Figure 11. There was variation in the operative profiles between the cities. The variation in city based profile was smaller in Klaipeda and Suwalki than in the other cities. Operative statements were assessed in Klaipeda quite at the same level, between 2.84 (Mean, evolving maturity) and 3.39 (Mean, good maturity). In Suwalki the variation by the statements was between 3.49 (Mean, good maturity) and 4.19 (Mean, Optimal maturity in cross-sectoral cooperative actions). The variation in assessed operative actions was biggest within the city Cherepovets (Mean from 3.06 to 4.44) and in Turku (from 2.92 to 4.12). Figure 11.

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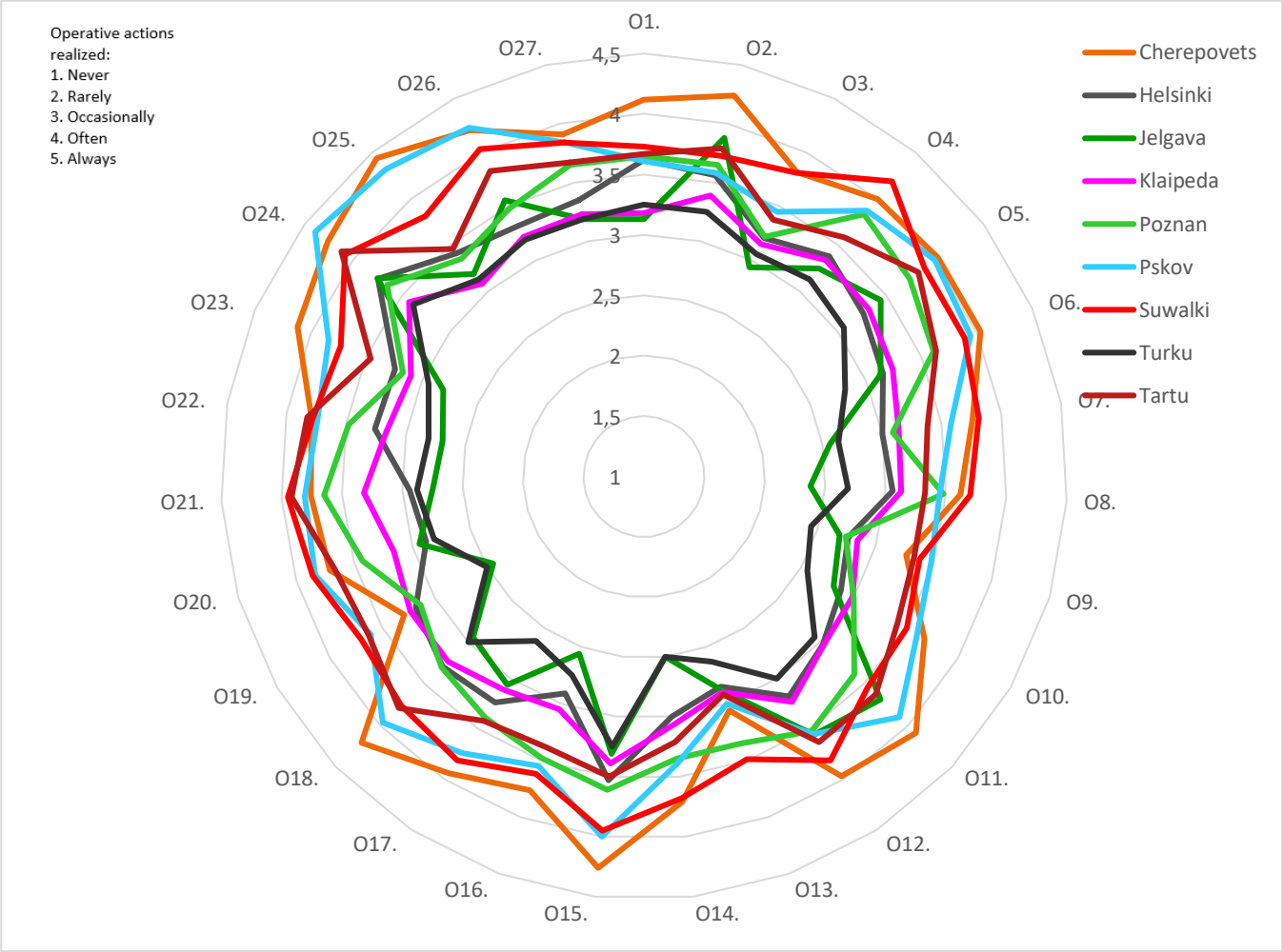

Figure 11. Operative statements (O1-O27) Mean values (scale 1-5) by the municipalities/cities.

4.3.2 Responses for the Operative approaches open question 'What else would you like to say or add here?

Also thirteen, as for open question after Strategic statements, respondents gave additional views for Operative approaches open question 'What else would you like to say or add here? Six of the comments were given by Helsinki (H) respondents. Two comments come from Suwalki (S) and one of each of the following municipalities/cities: Jelgava (J), Klaipeda (K), Poznan (P), Pskov (Ps), Jelgava (J) and Tartu (Ta). Numbered list of these responses is below, the letter in parentheses indicating the city of the respondent.

1. The municipality should contribute to improving the health status of the population by promoting healthy lifestyles, educating and reducing health risks. (J)
2. Success project. New partners.(Ps)
3. Promotion of Health and well-being should be better promoted, financed and implement by all involved stakeholders. (S)

4. Cross-sectoral cooperation on the administrative side is often one of the many work responsibilities. Furthermore we don't have enough time for effective involvement in cross-sectoral cooperation regards to monitoring or implementing new and alternative solutions. (P)
5. I don't have enough knowledge on this topic, I need to change that. (S)
6. The questionnaire must be completed by specialists working on health, questions were very specific. (K)
7. Technical comment: There should have been an "I don't know" option in this section as in in previous section, because I have no experience in all daily cooperation processes when the subject is limited to health and wellbeing. (H))
8. I would like to ask the person who conducted the questionnaire to consult some research team or sociologist in the future and will make it clear what exactly they want to know and how to formulate the questions as precise as possible to get to know it. (Ta)
9. Health and wellbeing promotion is common to many fields and requires different fields to participate; these common goals are not sought and common action is not lead systematically. (H)
10. It is partly difficult to understand what the questions mean.(H)
11. There isn't enough resources in communication. (H)
12. In multidisciplinary and professional cooperation the challenge is to professionals from different fields to understand each other's' point of view and skills, and additional challenge is, that also the users of the services who represent the experience should be taken with to enrich the views. This real-ly adds challenge to the work! Changes to culture are slow and require leadership that is visionary and engages the staff. (H)
13. Hard questionnaire to answer, couldn't answer most of the questions. There should have been an "I don't know" option. (H)

4.4 Strategic and Operative Sum-scores by the background variables

In this chapter the sum scored results of both approaches, Strategic and Operative, are compared according to background variables. In the whole data (N=326), the Sum score of Mean values in Strategic statements was 3.6 (= good maturity in cross-sectoral strategic work) and in operative statements 3.4 (=good maturity in cross-sectoral operative actions).

4.4.1 Sum-scored results by the cities/municipalities

Values in Strategic approach varied between 3.2 (Jelgava) and 4 (Cherepovets). Respectively mean values in self-assessed Operative actions related to cross-sectoral cooperation ranged from 2.9 (Turku) to 3.9 (Cherepovets). Sum-scored mean values according to cities can be seen in Figures 12 and 13.

The Strategic approach of cross-sectoral cooperation for health promotion was assessed in most of the cities more matured than Operative approach. In Suwalki, Tartu, Cherepovets and Pskov both approaches were assessed as matured. The Strategic approach is considered clearly higher in cross-sectoral maturity compared to maturity in Operative actions in Turku, Helsinki and Poznan. (Figures 12 and 13.)

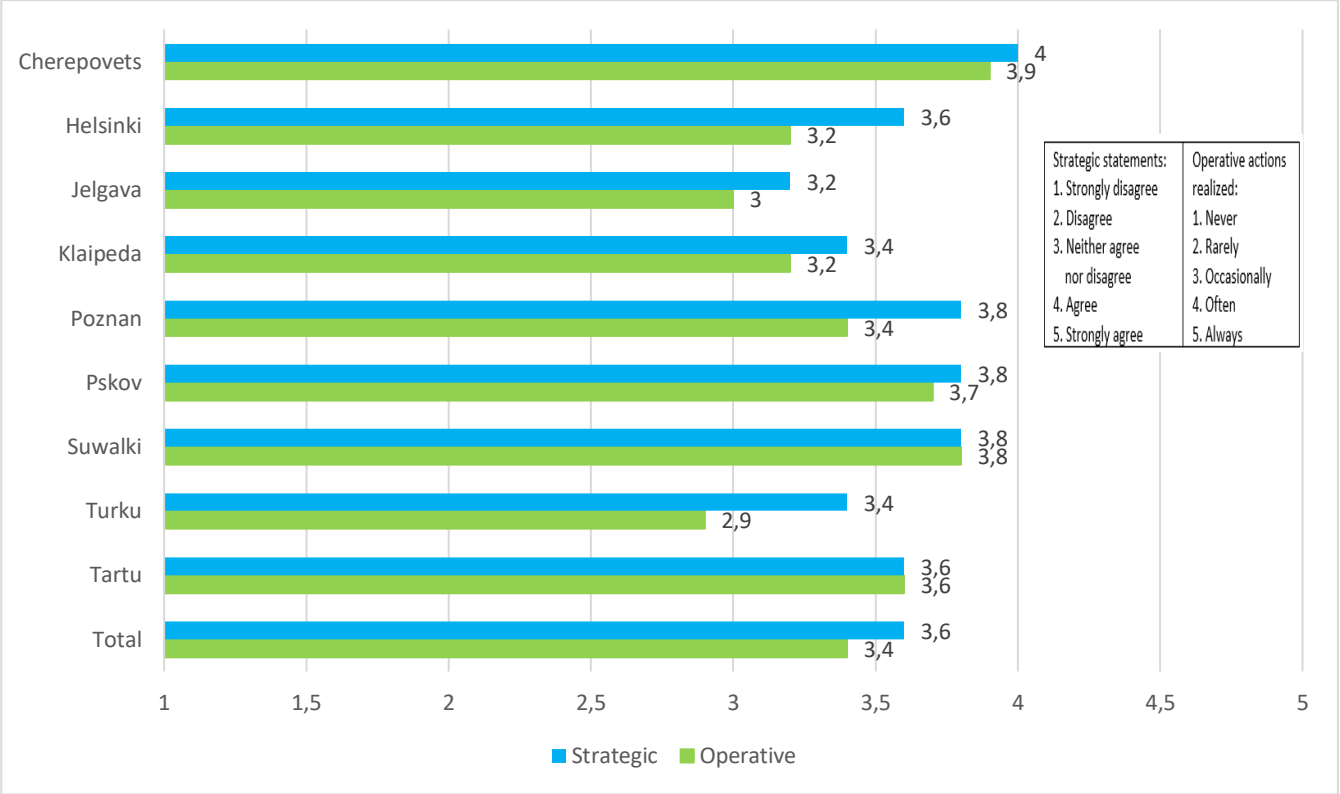

Figure 12. Sum-scored Mean value (scale 1-5) results from Strategic and Operative approaches by the city

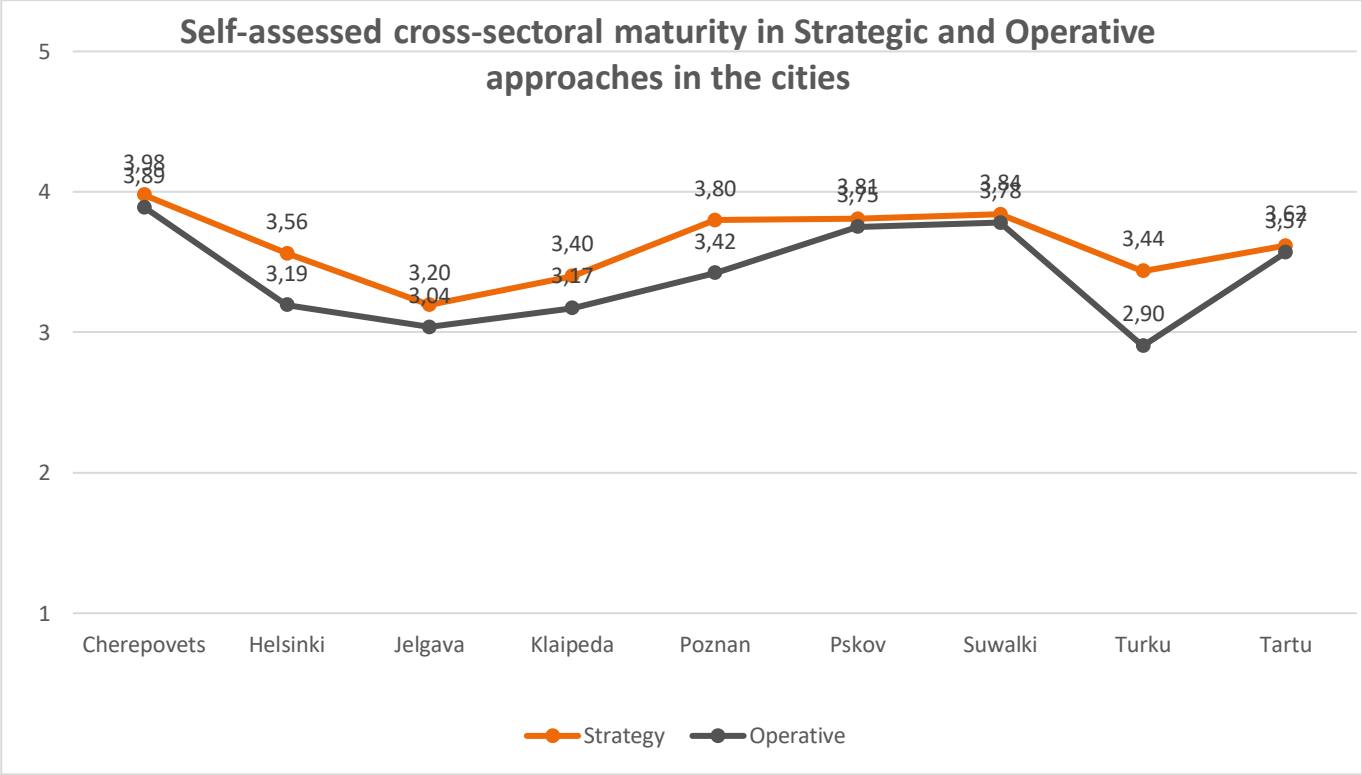

Figure 13. Self-assessed (n= 329) cross-sectoral maturity in strategic and operative approach in the cities / municipalities.

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4.4.2 Gender, educational background and position in organization the municipalities/cities

Male (n=66=) and female (n=260) respondents assessed Strategy (3.6) and Operative (3.4) approaches at the same level in their cross-sectoral maturity. Among the respondents, who informed their gender as 'Other or prefer not to say', Sum-scored means were 4.0 (Strategic) and 2.5 (Operative).

The Sum-scored Mean values varied according to the educational background in Strategic approach from 3.4 (Basic or secondary education) to 4.1(Vocational) and respectively on Operative approach from 3 (Basic or secondary) to 3.8 (Vocational) (Figure 14). Thus, generally the higher the education the more critically the respondents assessed the maturity in cross-sectoral strategies and operations.

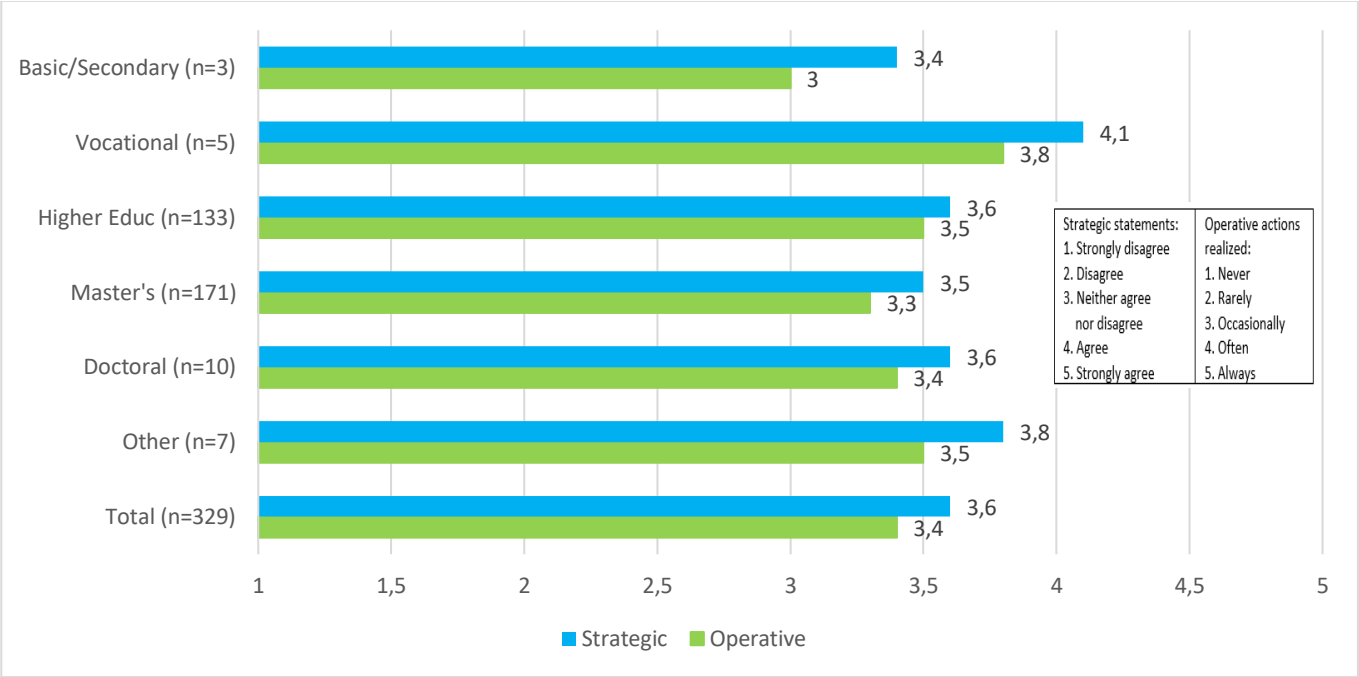

Figure 14. Sum-scored Mean value (scale 1-5) results from Strategic and Operative approach by educational level background.

The position in organization affected the self-assessment. The respondents in a higher position assessed higher the strategic and operative actions in their cross-sectoral cooperation. The Strategic approach Mean value varied from 3.5 (Senior manager, Senior specialist and Professional worker) to 3.9 (Head). The variation in Operative approach was between 3.2 and 3.7 (Head) (Figure 15).

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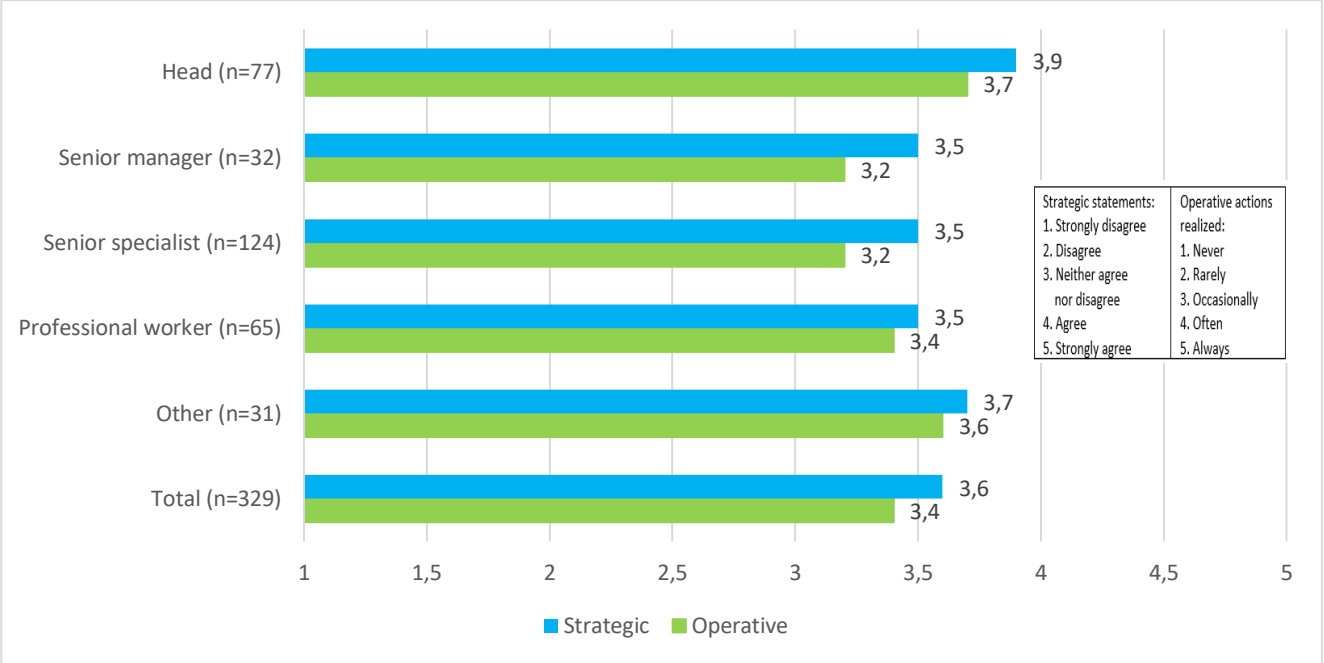

Figure 15. Sum-scored Mean value (scale 1-5) results from Strategic and Operative approach by respondent's position in their organization.

4.4.3 Respondents' sectoral background in their municipalities/cities

The sectoral background of respondents had here some weak connection to self-assessed maturity of cross-cultural strategies and actions. Cross-sectoral approach was assessed most matured, both Strategically and Operatively, by the respondent's from Educational sector. The Strategic assessment was at the same level also on sectors of Culture, Leisure and Sports, while Operative assessment being there anyway weaker. (Figure 16). In the SA tool, the question about respondent's administrative sector included altogether 14 options. Only few of these options were used by the respondents. Considering, the options were reduced by re-classifying them into eight sectors as seen in Figure 16.

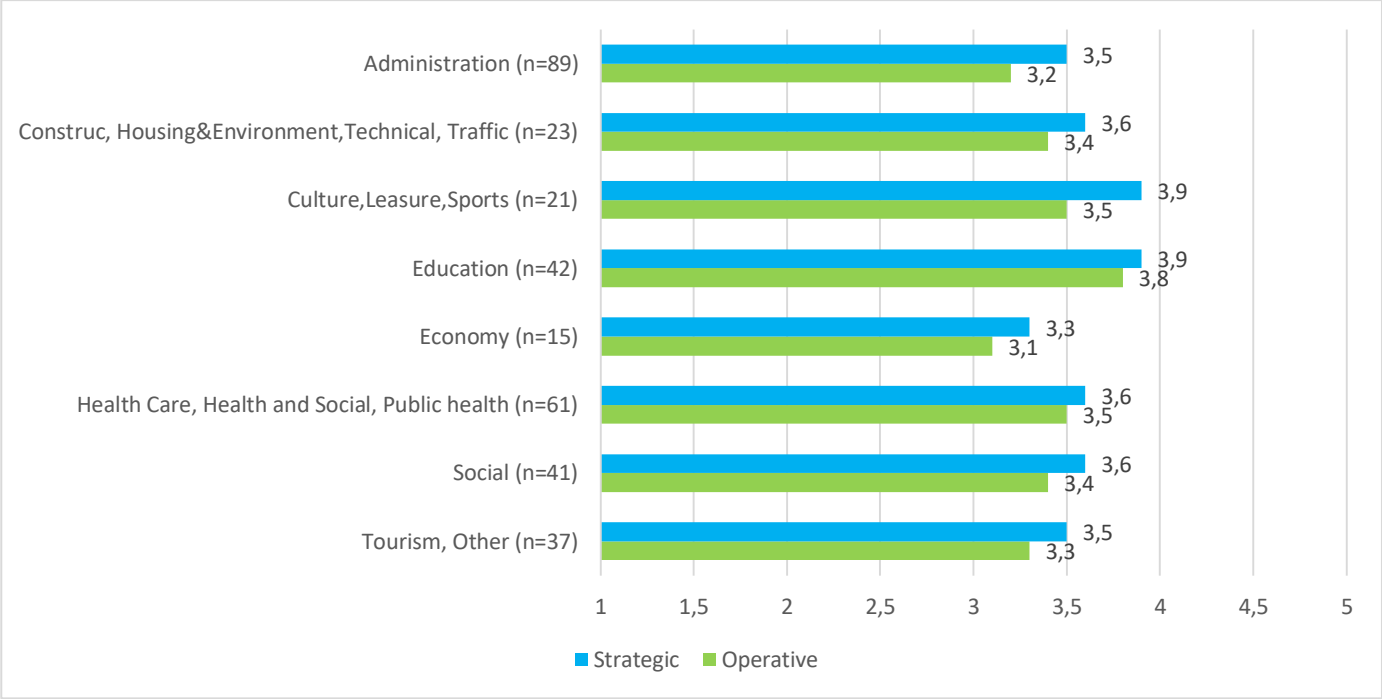

Figure 16. Sum-scored Mean values (scale 1-5) in Strategic and Operative approach according to sectoral background of respondents in their city/municipality.

4.4.4 Involvement in the implementation of the Healthy Boost Pilot project

The staff respondents involved in the implementation of Healthy Boost pilot project gave higher values in cross-sectoral maturity both in Strategic and Operative approaches. They seemed to assess both approaches more positively compared to other respondents. (Figure 17)

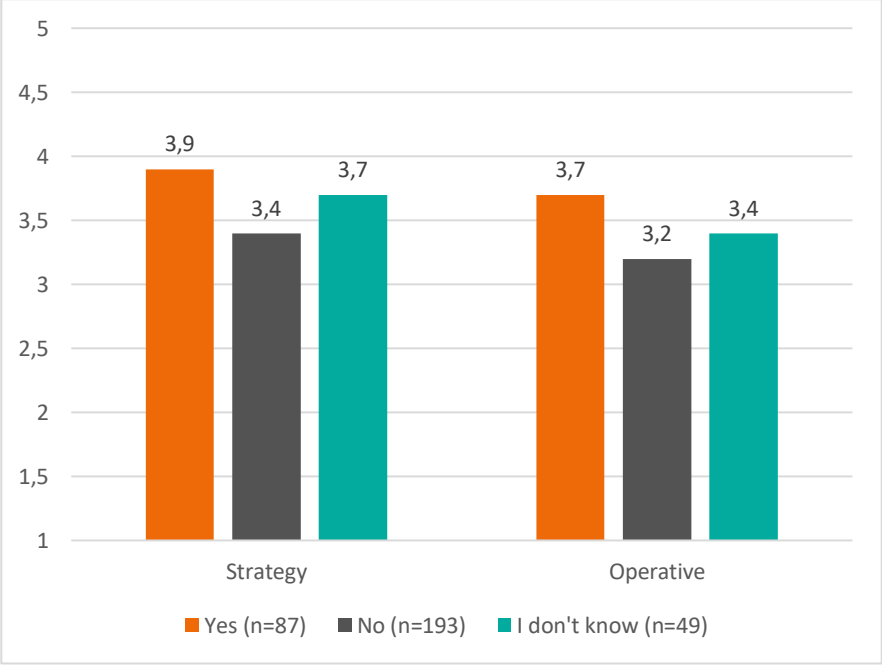

Figure 17. Sum-scored Mean value (scale 1-5) results from Strategic and Operative approach by respondent's involvement in the implementation of Healthy Boost pilot project.

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4.4.5 Importance and status of cross-sectoral cooperation in the cities/municipalities

The staff who perceived that cross-sectoral cooperation for promoting health and wellbeing in their municipality/city very important, assessed both Strategic (Sum-scored Mean=3.8) and Operative (Sum-scored Mean=3.6) approaches more positively than those respondents who assessed those less or not important. If the municipality/city was assessed to consider cross-sectoral cooperation for promoting health and wellbeing not important, both Strategic (2.5) and Operative (2.4) approaches summed Means were assessed low by the staff. Also, if the staff respondents replied that their municipality/city had a written strategy for promoting health and wellbeing, the summed Mean values were assessed higher compared to those respondents who didn't knew or answered that no written strategy existed. (Figure 18)

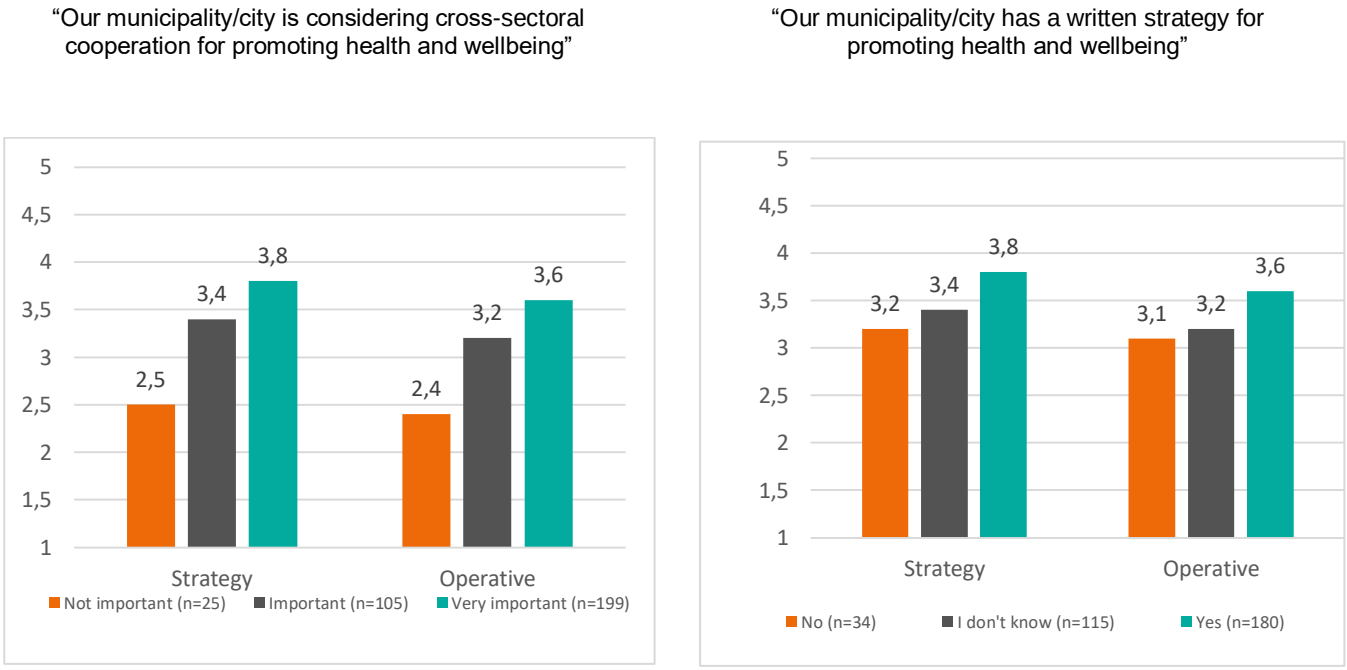

Figure 18. Sum-scored Mean value (scale 1-5) results from Strategic and Operative approach by staff perceptions of health and well-being status and strategy in their city/municipality.

5. Summary, conclusions and next steps

The respondent's educational background was high and the majority of them had a position on administration, manager or specialist in their organizations. The majority came from health, social and educational sectors. Based on the nine cities staff assessments, promotion of health and wellbeing was seen important and over half (55%) of respondents replied that there was a written strategy for the issue in their city/municipality. However, almost half of the respondent's either were not aware (35%) or answered there was not (10%) a written strategy for promoting health and well-being their city/municipality. There appeared a very big variation between the cities on the above described background variables. Differences between the cities were big also on the awareness of Health Boost pilot project involvement, and many didn't know about it.

There were high agreement that cross-sectoral strategies are shared in addressing cross-sectoral partnership and engaging with potential partners to cooperate for health and well-being. The biggest challenges appears to be in the area of cross-sectoral coordination of health promotion and in identifying systematically the community needs for health promotion. It was surprising that in Klaipeda and Suwalki, the Mean scores of the assessments were quite stable for all the statements in both Strategic and Operative approach, while in the other cities they differed a lot. The maturity in the cross-sectoral operative approach and actions was lower compared to strategic. Differences between the cities were remarkable.

Most of the background variables were associated with the assessment of both Strategic and Operative approaches assessment results. The higher the education the more critically the respondents assessed the maturity in cross-sectoral strategies and operations. However, the respondents in a higher position assessed higher the strategy and operative actions in their cross-sectoral cooperation. The staff respondents involved in the implementation of Healthy Boost pilot project gave higher values in cross-sectoral maturity both in Strategic and Operative approaches. The staff who perceived that cross-sectoral cooperation for promoting health and wellbeing in their city/municipality was considered very important, as well as those who knew there was a written strategy for this, assessed both Strategic and Operative approaches more positively than those respondents who assessed those less or not important or were unware of the existence of the strategy.

The variation of responses among respondents at the same municipality is high, which leads to conclusion about gaps in coordination, communication and leadership of cross-sectoral work in the municipalities.

There seem to be wide unawareness ('Neither agree nor disagree' responses) about the strategy and operative practices for promoting health and wellbeing in the municipalities and cities. The aware-ness of the importance of cross-sectoral cooperation, as well as shared and understood written health promotion strategy across the municipality sectors are the prerequisites for the effective health promotion.

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Self-assessment offers an empirical base to evaluate and reflect where the cities and municipalities are in their cross-sectoral cooperation aiming to promote health and wellbeing of citizens. The data and results aim to answer to the following two questions:

- To what extent your city/municipality organisation has recognised the cross-sectoral cooperation in their strategical work related to promoting health and well-being?
- How systematically your city/municipality has promoted health and well-being cooperating across sectors in its day-today working processes and actions?

Hopefully, the results will serve as a stimulus for discussions and reflections with staff in municipalities, other project partners and stakeholders to succeed in their efforts to build cross-sectoral initiatives in their organisation and within the Healthy Boost project.

It is very important to reflect the results in the cities/municipalities, and discuss the interpretation and meaning of the results for the development of cross-sectoral cooperation in the cities. Identified gaps and improvement needs can help the development of the model for cross-sectoral cooperation for the general use for any cities/municipalities. We ask all municipalities to find the written strategy for the promotion of health and wellbeing. Then we would have a reliable information of the existence of the strategy as well as have the about its content.

Please, based on the reflections in your city/municipality or other partner organization, share your reflection results and possible further question here by answering the following questions (add your answer and name of the city/organization for each question below):

1. Which were the most important results from the point of view of your city/municipality, or the cities in general?
2. Is there something more you would like to know from the data, eg additional questions for the data.
3. Which challenges and needs raises for the model development?
4. Some other reflections or questions
5. Find out the possible city/municipality strategy for health/wellbeing. Share the link, or the whole document, in Healthy Boost dropbox. In this way we'll have a reliable information of the existence of the strategy as well as its content.

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6. List of Attachments

Appendix 1. Healthy Boost Self-Assessment respondents background profiles by the cities and total data (N=329). (fr, %)

Appendix 2. Healthy Boost Self-Assessment Strategic approach statements (S1-S16) distribution (N=329). (Fr, %)

Appendix 3. Healthy Boost Self-Assessment Operative approach statements (O1-O27) distribution (N=329). (Fr, %)

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