

Anchoring and change – implementation of cross-departmental health promotion

In this section we shall take a closer look at the challenges that may arise in connection with the *implementation* of cross-departmental health promotion, that is when municipalities are confronted, as many are, with the process of developing, expanding and systematising health promotion efforts across a number of departments. Here our perspective is not the way things are organised within organisations, but rather the longitudinal phases of the process, which involves the political and management levels, the planning level and the operational level.

Cross-departmental health promotion may be seen as a project of organisational change. Such projects generally involve a developmental aspect and are characterised by the fact that the goals and the services to be delivered are seldom clearly defined from the outset¹. The effect to be aimed at will be correspondingly unclear. The developmental aspect of such a project of organisational change entails a lot of renegotiation of goals and expectations on the part of those assigning tasks and other interested parties. At the same time, the structure of the process and how to proceed will often be established as things proceed.

We will make use of a simple model that summarises and illustrated the process in broad outline, using three main phases (Figure 5)². The basic idea is that all major processes and projects of change contain three phases: *anchoring, planning and change*.

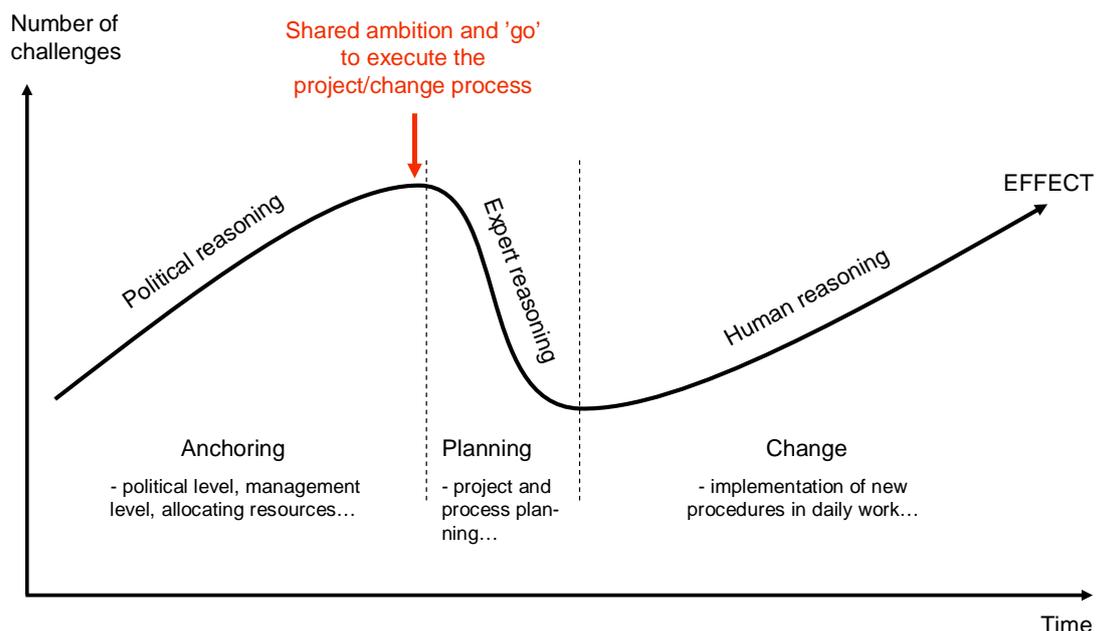


Figure 1. Phases in projects and processes of change

In the anchoring phase, central decisions about required changes or the project itself are taken at the political or management levels, and financial and manpower resources are allocated. Hopefully, this phase will produce well-informed, unanimous decisions about planned changes and a clear, common statement

¹ M. Lindegaard & J.R. Olsson: *Power in projects and portfolios*. The Danish Association of Lawyers and Economists Press, 2005 [in Danish].

² Freely adapted from C. Ingemann, Kvantesspring Ltd. Personal Communication.

of ambitions on the part of the managers involved. The second phase covers the actual planning, for example, specific project and activity descriptions, timelines, process charts, etc. One could argue that some planning takes place before the anchoring phase, but here we are referring to the actual planning of activities following up on political and management decisions.

Finally, the change phase, in which field workers begin to alter some work routines and thus make real changes in everyday life (e.g., a home help who shows senior citizens how to clean their own homes rather than doing it for them; or a teacher who starts talking to pupils about their diet, etc.). Real change only occurs in this phase – hopefully comprehensive and deep-rooted enough to create the desired effect.

A staff member or project manager working with health promotion must be prepared to negotiate some very different styles of reasoning. The first phase is dominated by political reasoning (financial considerations, visions of the future, personal profiling, etc.). A project manager who is not well aware of this type of reasoning will find it difficult to get the right kind of mandate to actually carry through the project or process of change. Often, a practically-minded project manager will be tempted to get to work at once with the target group of the planned change, and may find that they are reluctant to spend time and other resources on a process of change which they do not see as their main agenda – for example, staff in a department which does not have health promotion as its primary operational area. The target group may indeed simply refuse to cooperate, at which point it will become evident whether the mandate for change is solid enough, and whether the political and managerial levels support the project and will take a lead in the process of change. If the mandate is not solid enough, the project manager may be left to his or her own devices and will have little chance of successfully carrying through the project. What the project manager is facing here is the kind of human reasoning behind the general human resistance to change. People generally, though in varying degrees, need time to understand, incorporate and adapt to change³.

A project manager will very often represent the professional or expert reasoning applied in the planning phase. In this phase, the project manager uses skills related to project management and the area of expertise behind the project theme. In the field of health promotion, one often meets project managers who are very well qualified in terms of this expertise, but who lack the training to understand the types of political and general human reasoning that have to be tackled in the course of the project.

On the diagram, the planning phase is shown moving 'downhill', to emphasise that this phase faces fewer challenges, though 'fewer' should be understood in figurative rather than mathematical terms. Theoretical discussions about the area of expertise (for example, concerning the right choice of methods) may well take place in the planning phase, but in principle working out project descriptions, timelines, etc., are relatively uncomplicated tasks. The degree of challenge is limited in what is by and large a 'desk job'. Even involving the target group at this point in order to may allowances for their working conditions in the planning phase is relatively easy, as most people are quite ready to speak if someone will listen to them – which is pure human reasoning! The anchoring phase is more 'uphill', as it can be hard to get an explicit, consensual political or managerial decision and statement of ambition. The project has to be sold to the right people, there will be conflicting agendas and the whole process calls for negotiation and compromise. If managers take short cuts through the process and make decisions without a broad enough consensus, this will often boomerang back at some later time when the process of change turns out to require a stronger mandate. Any lack of common purpose among the managers involved will become abundantly clear at this point in time.

The point is not that a perfectly-managed project glides smoothly through the phases; even in the case of processes of change with top-notch project and process management, situations can arise in which it may

³ Z. Elvang: Presentation at a course on implementation in the Region of Southern Denmark, November 2009 [in Danish].

be necessary to refer back and strengthen the mandate, revive previous discussions, etc. In this sense the phases should in reality be regarded as cyclic, rather than the linear process depicted in the diagram. The point is that it is important to be aware of the factors illustrated by the diagram in connection with the implementation of major health promotion health projects. This is especially important in the case of cross-departmental health promotion, as major initiatives in this field often need to be anchored in managerial terms across departments, or politically across several sub-committees. Furthermore, the comprehensive implementation of cross-departmental health promotion will require the involvement of a pretty large number of field workers in major operational areas in various departments. The task of implementation is thus both comprehensive and complex in nature.