INTEGRATED MUNICIPAL STRATEGIES

Readiness for establishing and expanding integrated municipal strategies of health promotion (RIMS)

Workbook for the Tool

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Readiness for establishing and expanding integrated municipal strategies of health promotion (RIMS)

A cooperation project

Hochschule Esslingen
University of Applied Sciences

hag
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INTRODUCTION

INTEGRATED MUNICIPAL STRATEGIES ARE ESTABLISHED IN COMMUNITIES, IN ORDER TO HARMONIZE LOCAL MEASURES

The promotion of health is coming more into focus for municipalities. Modern strategies of municipal health promotion are setting-based.

The idea of establishing an integrated municipal strategy (IMS) originated in child and youth welfare. By now, integrated municipal strategies span the entire life, from childhood and youth to late adulthood. They involve professionals from different areas of responsibility, independent organisations as well as citizens from self-help and neighbourhood initiatives. Since 2019, statutory health insurances have supported structures and measures for health promotion in the municipal setting.

Valuable experiences have been made all over Germany. The district "Hamburg-Mitte" launched a pilot project: a network called "Growing Up Healthy in Rothenburgsort", which is aimed at promoting the development conditions of children and their families in an integrated municipal strategy. In a research-practice partnership, we studied the development in Rothenburgsort. We, that is the Hamburg Association for Health Promotion (HAG), the Authority for Health and Consumer Protection (new name since June 2020: Authority for Employment, Health, Family, Social Affairs and Integration (BAGSFI), the district Hamburg-Mitte and the University of Applied Sciences Esslingen.

The research-practice partnership is part of the research project KEG and belongs to the research association PartKommPlus, which is funded by the Federal Ministry of Education and Research (www.partkommplus.de). KEG stands for the development of health strategies on municipal level.

One of the outcomes resulting from the joint research is the present Readiness for establishing and expanding integrated municipal strategies of health promotion (RIMS) tool. RIMS has been developed to facilitate self-assessment. It assesses the community's status regarding its readiness to launch or expand an integrated municipal strategy. Therefore, RIMS can be used for guidance and support to professionals who are interested in initiating an integrated municipal strategy or have already done so, and would like to assess the preconditions for successful progress. By providing RIMS we aim to support the work of professionals in establishing and expanding an integrated municipal strategy.

This workbook begins with the description of how this tool was created. The following chapter introduces the tool and its elements and presents the typical steps in a consultation process with help of the tool. The last chapter is dedicated to a concluding overall assessment of the community assessment. The Guideline for Consultants has been written for those interested in reading more and who plan to offer consultation to communities with the help of the RIMS. A glossary listing the most important terms completes this workbook.

Prof. Dr. Petra Wihofszky, University of Applied Sciences Esslingen, and Petra Hofrichter, HAG e.V.

CONTENTS

CONTEXT

ESTABLISHING AND EXPANDING INTEGRATED MUNICIPAL STRATEGIES IS REGARDED AS MOST COMPLEX

IMS

Integrated municipal strategy (IMS)

Integrated municipal strategies are aimed at providing all people with good conditions for a long and healthy life. Within the framework of such strategies, services in the municipality are bundled and coordinated and cross-sector communication and cooperation is strengthened.

An example from practice:
With funding from the BAGSFI (Authority for Employment, Health, Family, Social Affairs and Integration, formerly BGV, Authority for Health and Consumer Protection) and the Techniker Krankenkasse, a statutory health insurance provider, a group of actors has been working on an integrated municipal strategy in Hamburg-Rothenburgsort since 2012, in order to promote conditions for healthy development of children and their families. They were initially supported by a steering group which consisted of the municipal health promotion management of the district, the authority and the HAG, among others. The regional Coordination Centre for Equity in Health, which is located at the HAG, provides the group with consulting, training and workshops (e.g. about participation)[4] (s. glossary).

The challenge is to bring together specialists in their varying professional roles, responsibilities and fields of activity. This includes finding a common objective, agreeing on it, networking and pooling resources for its implementation, and putting aside competition and other hampering factors. In simple terms, the aim of an integrated municipal strategy is to move "from working side-by-side to working with each other".[1] The common point of reference is the residents and, translated to health promotion, it is the aim to create conditions which promote the well-being and quality of life of people in their direct environment.

> *An employee at the District Office: Hamburg-Mitte: We want to look at the lives of children and families across all age groups,and look at it together, in a structured way. The organisation's own interests must be put aside, in order to develop a concept together. This is a thought that I find important, to create a chain of services that has as little gaps as possible.*

> *A professional from Rothenburgsort: It is important that every stakeholder weigh in and brings in their ideas into the network; and that they also make clear which is their benefit and where they would see the sense in it.*

Establishing an integrated municipal strategy does not follow the same pattern every time. In the Hamburg neighbourhood Rothenburgsort, the launch of the integrated municipal strategy was enthusiastic. However, after a successful kick-off phase, the willingness of local stakeholders to participate subsided over time. The research-practice partnership asked the pragmatic question, how the setup and expansion of the integrated municipal strategy in Rothenburgsort could gain new momentum.[2]

AI

What does Appreciative Inquiry (AI) mean?

"AI is about appreciating the best in people and organisations, it is about affirming and confirming strengths and successes. AI identifies existing elements in the organisation that make it vivid and strong. These elements are called "life-giving forces". It is about discovering the jewels - where the organisation is at its best already - by asking targeted questions. This way, existing potential for success and opportunities on how to repeat the success are detected"[5]

We asked active participants and professionals who had left the network, and citizens from Rothenburgsort. We employed the Appreciative Inquiry method.[3,5] We did not inquire about deficits or mistakes that may have been made, but about the positive aspects of the work of the network and the expectations the people had.

How we proceeded with our AI is shown step by step in a film we produced, including statements of the people involved, as well as a book chapter that is accessible online.[6] Some extracts of opinions and statements offer an insight into the results of our inquiry.

> *A professional from Rothenburgsort: For me it was important that we formulated objectives and rated them with points, according to how important they are to us and how we prioritise them. It was about health services being expanded and networking being improved. I appreciated that because it was very concrete and oriented at practical considerations, and we knew exactly what we were working on. We rolled up our sleeves and we started straight away.*

According to our inquiry, these are favourable conditions for establishing an integrated municipal strategy:

- availability of key social and health indicators of the citizens
- setting objectives
- limiting the integrated municipal strategy to a manageable scope
- obtaining an overview of the network structures
- exploring how to coordinate the integrated municipal strategy, addressing the challenges of coordination, and identifying the strengths and potential of the coordinators
- verifying whether resources are available
- finding out who is local and willing to participate.

KGC

The Coordination Centres for Equity in Health (in German: KGC)
in all federal states

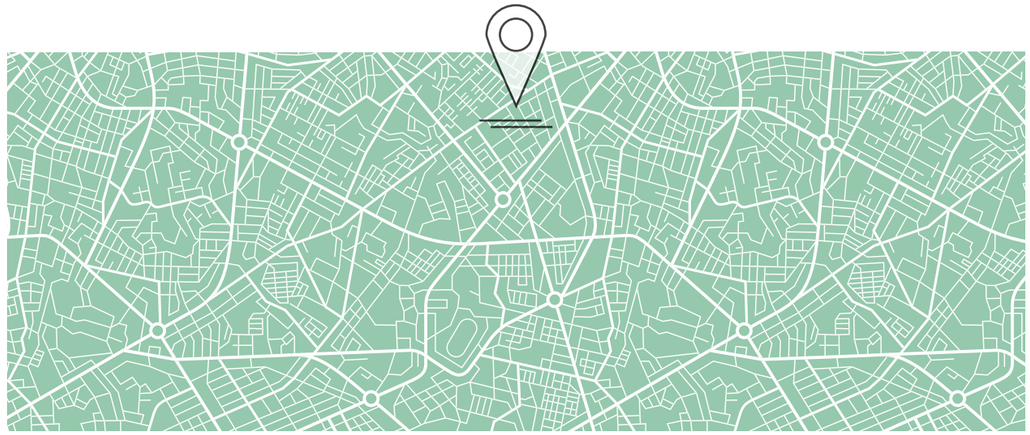
- … support networking in social-situation-related health promotion on state level,
- … provide advice and support for municipalities which establish and expand integrated municipal strategies,
- … contribute to further development of the practice,
- … promote equity in health,
- … are part of the nationwide Cooperation Network Equity in Health

Based on the results of the inquiry we concluded that decision-makers and professionals will have to be made aware of how they can promote the setup and expansion of integrated municipal strategies. We see two important leverage points here:

- **Merge bottom-up and top-down:** the addresses or users of an integrated municipal strategy must be given a voice, they must be heard, and their suggestions should be implemented in a collaborative process with decision-makers and practitioners in a timely fashion. In this way, bottom-up and top-down are combined successfully.

> *An employee at the District Office: There are visible accomplishments, such as the city map, which is something you can touch. And then there is this output that you cannot measure directly. It shows itself in the way professionals communicate among each other, and how they better interact. That, of course, has an influence on the people in the neighbourhood, too.*

- **Providing support and qualification measures:** we believe that it is necessary to offer training to obtain further qualifications to the professionals involved. Additionally, they need to have the option to be accompanied in the process by consulting and coaching.



For the transfer of our research results to practice, we developed the RIMS which is used to guide and support professionals. By close cooperation with the Authority for Employment, Health, Family, Social Affairs and Integration, formerly Authority for Health and Consumer Protection, we were able to use the tool programmatically in Hamburg and to put it to the test. Following a first pilot phase, we continued to develop the instrument on the basis of the feedback we received. We had conducted interviews and group discussions in a practical evaluation. The pilot phase in Hamburg showed that the Coordination Centre for Equity in Health was well suited as a structure for consultations using RIMS.

The instrument is based on our research as well as on the theoretical model of Community Readiness.[7] Community Readiness describes the phases of introducing innovations in municipal settings. Only when a certain “readiness to act” or “social maturity” has been reached in a district, is it worthwhile to take the next steps in planning and implementation.[8,9]

The model identifies various dimensions that make it possible to assess this readiness. Based on our research findings, we modified the model's dimensions and developed a framework suitable for our tool. In contrast to the guideline for helping local actors determine their initial readiness, it is important to us that our tool can be used to provide support over an extended period.

THE TOOL

ELEMENTS AND PROCEDURE

THE RIMS TOOL PROVIDES ALL TOPICS THAT NEED TO BE CONSIDERED BEFORE THE BEGINNING OF AN INTEGRATED MUNICIPAL STRATEGY

The RIMS assesses the readiness of a community to support the setup and expansion of an integrated municipal strategy. The tool consists of the following elements: the board, the topic areas and associated question cards and the workbook.

board

The board
The board can be placed in the middle of the table or projected onto the wall. It has the shape of a comb. Right in the middle the board reads “RIMS” - this is the preparation of the planning for an integrated municipal strategy. The phases before and after are shown in smaller combs on the board. It is ideal if there is already a resolution by the political leadership on municipal level before the start of the RIMS. However, this resolution may also be obtained at a later date. After the RIMS has been conducted, the phases initiation, stabilisation and consolidation (s. glossary) follow. Operative tasks of these phases are, e.g. setting health objectives and establishing a coordination. They are also integrated on the board.

The topic areas
At the heart of the RIMS there are six topic areas. They have different colours and are arranged in a circle on the board. The topic areas represent important criteria and help to assess the community (as described in the previous paragraph in the workbook). All of them are of equal importance.

The six topic areas:

1 Initial situation
This topic area records the characteristics of the community’s residents and the existing measures for health promotion, taking account of existing needs.

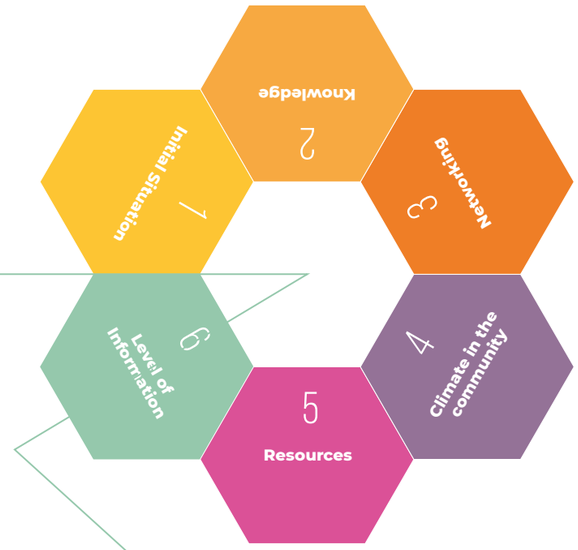
2 Knowledge
Here, all knowledge about existing health-promoting services in the community is compiled and their strengths and weaknesses are being considered.

3 Networking
The topic of networking covers the key players and networks in the community which are important for health promotion and (could) commit themselves to it.

4 Climate in the community
This area discusses the structure of cooperation among the practitioners and the residents’ involvement in health promotion.

5 Resources
The area of resources logs the current funding options for health-promoting services as well as any additional available or planned materials, personnel or other means.

6 Level of information
This topic area is about how much and what the professionals of this community know about integrated municipal strategies.



The question cards
Every topic area comprises three focus topics, which have been formulated on 18 question cards in order to inspire a conversation. The colours of the question cards reflect the colour of the corresponding topic area. From page 14 on, we briefly explain the respective conversation starters for every question card.

The workbook
The workbook explains RIMS, its development, its components and the typical procedure. As the workbook is meant as a working tool, it offers a lot of space for users to add their own notes.

HOW IT WORKS

Consultation using RIMS consists of several successive meetings in a group of professionals and local actors from the community. A typical consultation procedure looks like this:

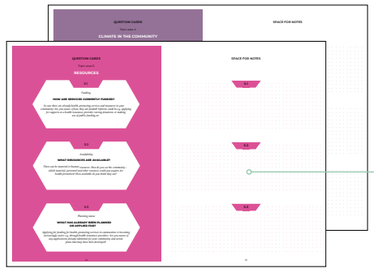
1. Objectives and expectations for the consultation

2. Analysis and reflection

3. Recording results and suggestions as needed

4. Overall assessment

5. Next steps



Further recommendations for consultations with the help of RIMS can be found at "Guideline for consultants" (see 31-39)

The consultant presents the function and objectives, structure and course of a RIMS and inquires about the participants' expectations.

Along the circle, one topic area after the other is discussed in the group with the help of the question cards. This includes the explanations for each question card from this workbook.

This joint examination is the core of the RIMS. Important findings as well as unanswered questions at this stage can be recorded in the respective space in the workbook from page 15 ff on.

At the end of every meeting, the results of the collaborative analysis are compiled. On the basis of this, the participants agree on tasks to do until the following meeting. You can find suggestions about this for every topic area on pages 28 and 29.

At the last meeting, an overall assessment is conducted on the basis of the results of the analysis in all topic areas (see page 28 ff). This makes it possible to evaluate the community's readiness for establishing and expanding an integrated municipal strategy.

After the overall assessment, the next steps for the initiation phase (see glossary) are planned. All stakeholders enter into binding agreements on how to proceed and open questions are answered.

QUESTION CARDS
Topic area 1:

INITIAL SITUATION

1.1

Residents

WHO LIVES IN THE COMMUNITY?

Every community has particular characteristics, e.g. whether there are more young or senior people, how social and health situations are reflected and what is known about the demands and needs of residents. Statistical data provide information on this. What do you know about the situation of the residents?

1.2

Existing conditions

WHAT SERVICES ALREADY EXIST?

Health and health promotion are very broad terms. Health promoting measures can be directed at behaviour as well as at structural or qualification measures. What projects, initiatives and experiences from the community do you know about?

1.3

Focus areas

WHO IS THE TARGET GROUP?

One of the quality attributes of health promotion is the adaptation of measures to the community's needs and requirements. Who are the addressees of current health-promoting services in the community? Are the services e.g. directed at a certain age group or social group?

SPACE FOR NOTES

1.1

1.2

1.3

QUESTION CARDS
Topic area 2:

KNOWLEDGE

2.1

Perception

WHO IS WELL INFORMED IN THE COMMUNITY?

You mentioned health-promoting services, projects and measures that exist in the community. Please estimate who knows about these and how residents and professionals in the community make use of the existing offers forhealth promotion.

2.2

Effects

HOW DO PEOPLE REACT TO THE SERVICES OFFERED?

How would you rate the effects of health-promoting measures and services from the residents' perspective and from the professionals' perspective? Which could be strengths and which could be weaknesses? What makes the residents participate and what prevents them from doing so?

2.3

Further development

HOW WILL THE SERVICES CONTINUE?

If there are services for health promotion in the community, there could be development plans. What do you know about that? Have there been attempts to harmonize services?

SPACE FOR NOTES

2.1

2.2

2.3

QUESTION CARDS
Topic area 3:

NETWORKING

3.1

Key actors

WHO IS IMPORTANT IN THE COMMUNITY?

Who can exert influence on development in the community? This may be persons mentioned already, or other people among the professionals in the community and / or the administration, from associations, independent organisations to residents.

3.2

Networks

WHAT NETWORKS ARE ACTIVE IN THE COMMUNITY?

Networks may be those between professionals or resident initiatives. What networks do you know of and what do you know about them? Who is involved and how do they work?

3.3

Potential

WHICH OPPORTUNITIES FOR FURTHER SUPPORT DO YOU SEE?

Where do you see potential for support in the community? Prompting questions could be: Who is active in the community, who rather stays in the background? Who would participate in the planning, development and coordination of health promotion?

SPACE FOR NOTES

3.1

3.2

3.3

QUESTION CARDS

Topic area 4:

CLIMATE IN THE COMMUNITY

4.1

Cooperation

HOW DO THE PROFESSIONALS IN THE COMMUNITY WORK TOGETHER?

In order to strengthen health promotion, the cooperation of professionals from different areas of responsibility, institutions and organisations is required. How do the professionals work with each other, i.e. how would you describe the quality of working together?

4.2

Participation

HOW IS THE INVOLVEMENT OF RESIDENTS?

Participation is the quality attribute of health promotion. Which persons/groups of the residents already apply themselves? Who, among the residents, could continue to champion health promotion and who could need some more support in order to participate? Do you have a particular person/group or network in mind?

4.3

Resistance

WHAT COULD BE AN OBSTACLE FOR THE PROGRESS OF HEALTH PROMOTION?

Health is a topic that concerns everyone, however, its importance is not perceived the same way by all. Are there any reservations concerning health-promoting services and measures in the community? Do you expect objections or resistance?

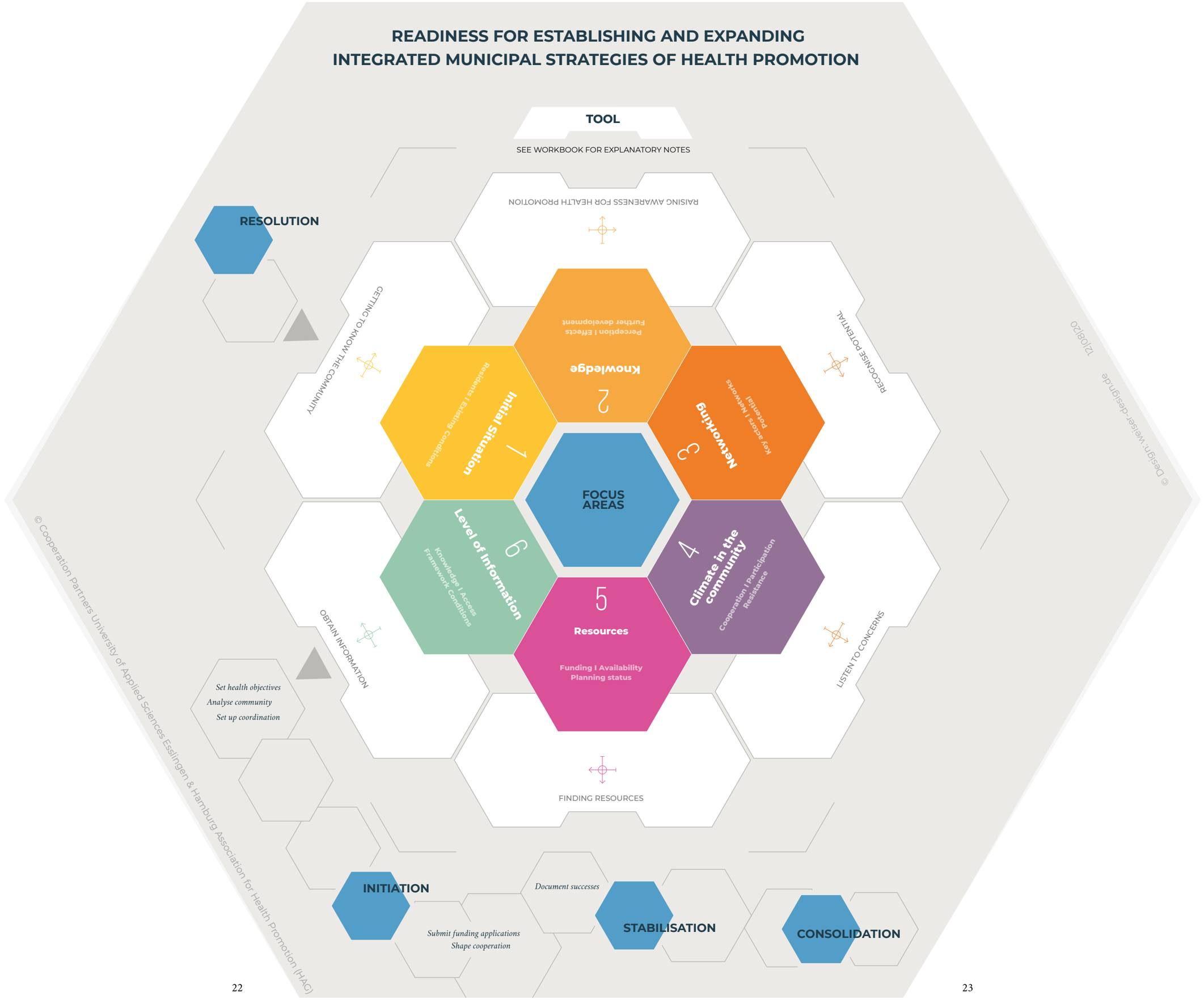
SPACE FOR NOTES

4.1

4.2

4.3

READINESS FOR ESTABLISHING AND EXPANDING INTEGRATED MUNICIPAL STRATEGIES OF HEALTH PROMOTION



QUESTION CARDS
Topic area 5:

RESOURCES

5.1

Funding

HOW ARE SERVICES CURRENTLY FUNDED?

In case there are already health-promoting services and measures in your community: Are you aware of how they are funded? Options could be e.g. applying for support at a health insurance provider, raising donations or making use of public funding etc.

5.2

Availability

WHAT RESOURCES ARE AVAILABLE?

There can be material or human resources. How do you see the community - which material, personnel and other resources could you acquire for health promotion? How available do you think they are?

5.3

Planning status

WHAT HAS ALREADY BEEN PLANNED OR APPLIED FOR?

Applying for funding for health-promoting services in communities is becoming increasingly easier, e.g. through health insurance providers. Are you aware of any applications already submitted for your community and action plans that may have been developed?

SPACE FOR NOTES

5.1

5.2

5.3

QUESTION CARDS
Topic area 6:

LEVEL OF INFORMATION

6.1

Knowledge

WHAT DO PEOPLE IN THE COMMUNITY KNOW ABOUT INTEGRATED MUNICIPAL STRATEGIES?

Health promotion in the community and establishing and expanding integrated municipal strategies is a topic of interest in many municipalities. How do you rate the knowledge about that, especially among the professionals from health and social services? What could be a motivating factor for them to get involved?

6.2

Access

HOW CAN INFORMATION BE ACCESSED?

In many municipalities, health and social services professionals are aware of the setup and expansion of integrated municipal strategies. What do you think, where do the professionals obtain their information? Have there been information events e.g. on state and municipal level? Are there brochures circulating about this? Are there any other sources of information?

6.3

Framework conditions

WHAT ARE THE FRAMEWORK CONDITIONS?

In order to establish and expand integrated municipal strategies, it is important to be up to date about framework conditions. These can be guidelines on municipal, state or federal level, but also funding regulations, e.g. by the health insurance providers. What framework conditions do you know? Which of those do you know well and for which would you like more information?

SPACE FOR NOTES

6.1

6.2

6.3

OVERALL ASSESSMENT

1. INITIAL SITUATION

Suggestions for getting to know the cpmmunity

* 0 % | 25 % | 50 % | 75 % | 100 %

- *research data on the social and health situation*
- *obtain access to additional data sources*
- *interpret and evaluate data*
- *find out how data are used and what is derived from them*
- *find out what the residents know about and understand by health promotion*
- *ask peers, residents and other people active in the setting about the community*

2. KNOWLEDGE

Suggestions for raising awareness for health promotion

* 0 % | 25 % | 50 % | 75 % | 100 %

- *going to meet local actors*
- *participate in workshops and network meetings in the community*
- *consult with responsible professionals and colleagues*
- *participate in committee meetings or obtain information from meeting minutes*
- *get informed about former experiences and projects (e.g. reports and practice evaluations)*

3. NETWORKING

Suggestions for recognising potential

* 0 % | 25 % | 50 % | 75 % | 100 %

- *create a network map*
- *conduct a stakeholder analysis*
- *research organisations and persons active in the community*
- *analyse cooperation and work relationships of local organisations and local actors*
- *participate in network and workshop meetings and get involved*
- *engage in conversations with key persons*

** degree of fulfilment*

4. CLIMATE IN THE COMMUNITY

Suggestions for listening to concerns

* 0 % | 25 % | 50 % | 75 % | 100 %

- *visit neighbourhood festivals and talk to residents and local actors*
- *find out what residents know about and understand by health promotion*
- *examine requests and needs already voiced by the community*
- *take walks and make explorations in the area*
- *explore and document the community with residents/ professionals (e.g. with photos, in focus groups)*
- *conduct spontaneous inquiries in the community*
- *research and analyse experiences in local participation procedures*

5. RESOURCES

Suggestions for finding resources

* 0 % | 25 % | 50 % | 75 % | 100 %

- *get in contact with local health insurances*
- *try to engage in exchange with peers from the community*
- *seek exchange with other municipalities, districts and neighbourhoods*
- *get suitable qualifications*
- *detect and show resources with the help of network maps*

6. LEVEL OF INFORMATION

Suggestions for obtaining information

* 0 % | 25 % | 50 % | 75 % | 100 %

- *research documentation about potential information events*
- *get information on guidelines and funding regulations*
- *participate in suitable qualification offers and nationwide events*
- *subscribe to the newsletter*
- *get information from peers*

GUIDELINE FOR CONSULTANTS

GUIDELINE FOR CONSULTANTS

WE RECOMMEND A CONSULTATION FORMAT FOR USING RIMS

The guideline is directed at people who conduct consultations using RIMS and / or would like to find out more about the work with it. The recommendations and quotations in the guideline come from the test of the instrument in health promotion practice in Hamburg.

BASICS

It is useful to apply RIMS in the preparation phase of an integrated municipal strategy. It is advantageous if the consultation is embedded in an existing structure, e.g. in the qualification concept of a Coordination Centre for Equity in Health. This ensures that contact persons and further services are available for the establishment and expansion of a municipal strategy and can be used by the consultation's participants during the process or afterwards.

The consultation itself can be done for individuals as well as groups. In practice, a set group consisting of up to 4 key community stakeholders has proven successful. The consultation process usually starts with an initial talk with the responsible professional, e.g. the coordinator for health promotion of the community. The follow-up meetings are then held in the group.

HOW TO PREPARE

Please plan two to three hours for each consultation meeting. In consultation practice, it has proven successful to set up two appointments of 3 hours with little time between them. The meetings should be conducted in an environment with as little interruptions as possible. We recommend that you send the workbook along the invitations, so that the participants can read up on RIMS already beforehand.

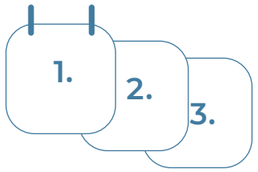
Before the meetings, it is useful to determine how the process will be documented. There are different ways, e.g. on a flip chart, on presentation cards, or as a written record. For the recording of the consultation meetings, you can use the digital version of the documentation sheet. Apart from the organisational issues, it is helpful if consultants also obtain an overview over the situation in the community and make use of the data available. Potential sources can be health and social reporting.

> *A consultant from Hamburg: I collected information beforehand, to know who will sit at the table on the day; that means: I looked at their organisations briefly, to have an idea of who is going to be there. I just got a bit of an overview ... and there are some analyses there that you can build on during the consultation, and I looked at that information building on my knowledge.*

INITIAL MEETING

Before the consultation meetings start, there is an initial talk with the responsible professional - usually with the health promotion coordinator of the community. During this talk, RIMS is presented, expectations are discussed and organisational arrangements are made: Together, they deliberate who will be invited and whether priorities will be set during the meetings, and if so, which will those be.

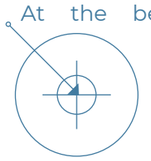
It is the coordinator's task (or another professional's) in the following, to write invitations for the consultation, to find rooms and dates and to communicate the process to the community. It is advisable to recommend to the invited group that they read the workbook before the consultation appointments, or at least the chapters "Elements and procedure" (pages 10-13).



THE CONSULTATION APPOINTMENTS

In practice, a procedure of the following five steps has proven successful. They were presented in short already on page 12 ff.

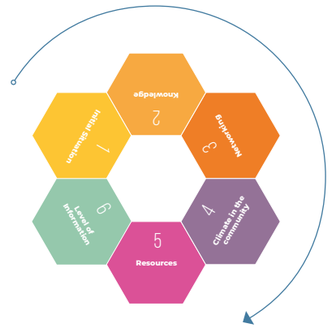
1. Addressing objectives and expectations for consultation and support

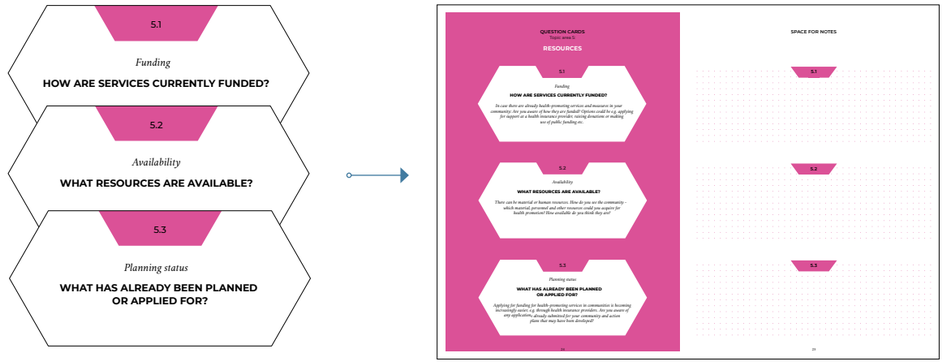


At the beginning, the objectives and the structure of the RIMS as well as the schedule of the appointments are presented by the consultant. The workbook is briefly introduced and the participants are invited to use it as such, e.g. write their own notes into it and use it as reference (glossary). The consultant asks the participants about their expectations. Together, the group can consider the topic areas, whether all of them are relevant and will be discussed and in which order and in how many appointments. In order to do this, it is helpful if the consultant presents the topic areas briefly, for a common understanding among the group. Practical experiences have shown that RIMS provides conversations with a framework and structure. Yet, it can be used flexibly depending on the participants and the situation in the community. It is important to clarify for all participants that RIMS has been developed for a first joint assessment of the community.

2. Moderating and structuring analysis and reflection

Along the circle, one topic area after the other is analysed and examined in the group with the help of the question cards. The question cards are placed in stacks on the respective fields. The workbook texts from page 14 should be used to explain the topic areas in the process. Participants can engage actively by e.g. choosing and reading the question cards. Once a topic area has been fully discussed, the question cards are put to the side. They remain visible during the course of the conversation. The consultant should know the topic areas and the aspects covered, in order to create a balance between free flow of the conversation and the progress within the given structure.





A consultant from Hamburg: It was always a different working atmosphere: in some appointments, I appreciated using the cards with the questions, in order to better create a framework, and on other days it was just more fluent to speak freely. So I think it is very good that this is flexible.

A consultant from Hamburg: However, since every topic area is a process in its own and could go into so much more depth, it is incredibly valuable for my role to have such a framework laid out. So, it was clear: we want to manage going through all six fields and that means we have to bundle them somehow and it is clear that tasks have to be taken home. I found that a good framework.

3. Summarising the results of a meeting and adding suggestions

At the end of every meeting, the important points are summarised. The consultant and the participants determine together, which are the next steps in the process of the RIMS. During the conversation, the group can assess which topics they want to dive in deeper and what has to be done to do that. You can find the respective suggestions for each topic area starting on page 28. Experience has shown that it is useful to document the results interactively, including responsibilities and deadlines, e.g. on a pin board.

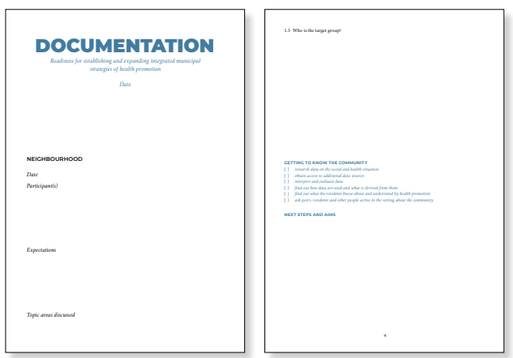
After the appointment, the consultant fills the digital documentation sheet timely and sends it to the participants.

In order to bring everybody up to speed after the break between the appointments, we recommend that at the beginning of each appointment, the last meeting is briefly summarised and the group looks back at steps already taken. These questions could be helpful to do that: Which tasks did we record during last meeting? What has been addressed/ implemented since then? Which new developments did you see in the community?


1. INITIAL SITUATION

Suggestions for getting to know the community

- research data on the social and health situation
- obtain access to additional data sources
- interpret and evaluate data
- find out how data are used and what is derived from them
- find out what the residents know about and u by health promotion
- ask peers, residents and other people activ about the community


DOCUMENTATION

Readiness for establishing and expanding integrated municipal strategies of health promotion

Date

NEIGHBOURHOOD

Date

Participant(s)

Expectations

Topic areas discussed

1.3 Who is the target group?

GETTING TO KNOW THE COMMUNITY

[ ] research data on the social and health situation
[ ] obtain access to additional data sources
[ ] interpret and evaluate data
[ ] find out how data are used and what is derived from them
[ ] find out what the residents know about and understand by health promotion
[ ] ask peers, residents and other people active in the setting about the community

NEXT STEPS AND AIMS

4


OVERALL ASSESSMENT

1. INITIAL SITUATION
2. KNOWLEDGE
3. NETWORKING
4. TARGETS WITHIN COMMUNITY
5. RESOURCES
6. LEVEL OF INFORMATION

> *A consultant from Hamburg: A lot came right from the group. Yet, partly, we looked at the suggestions in the back of the workbook. And I found this really easy-going, that the participants just browsed those then. I didn't go through each of them to tick them off, but the participants read through them once. The points are formulated in a really open way ... the conversations beforehand are more productive, when I kind of integrate the suggestions in there, or the points are raised by the participants themselves.*

4. Initiate overall assessment

As a conclusion of the consulting process, i.e. when all (agreed upon) topic areas have been fully discussed, an overall assessment is undertaken. You can find a template for this on page 28 of this workbook. The guiding questions for this are: What is the status of the community's readiness for establishing and expanding an integrated municipal strategy? What are our conclusions on the basis of our joint analysis? What do we still have to work on, before we can enter the next phase, the initiation (see glossary)? For this step, it is useful to show the results documented from each of the consultation appointments again, to go through the suggestions one more time and to invite participants to look at their notes in the workbook. From our experience, we know that this and the next step often come together. However, we still recommend that the consultant makes the overall assessment a separate step - it is aimed at developing a comprehensive view on the community on the basis of the analysis done and hence to achieve a prioritisation. Therefore, at the end of the overall assessment comes building a consensus. This concludes the phase of joint reflection.

5. Planning the next steps

On the basis of the overall assessment, it is now about planning concrete steps to enter the next phase. This may be, e.g. setting up a coordination or scheduling a workshop to identify some objectives. The group should consider which further qualifications could be suitable for this. At this point, depending on the group, they can start already to develop an higher level focus for the community's health promotion. It is helpful if consultants provide an outlook on the overall process of establishing and expanding integrated municipal strategies and identify possible further offers for process support in this area. Ideally, the last meeting ends with binding agreements. In addition, consultants should ask the participants whether their expectations from the beginning have been met and whether important questions may still be open. It is recommendable to invite participants at the end to give feedback on the consultancy work and the process.

From a group discussion:

Stakeholder A: I loved the work in the group. I liked the fact that we had the space and the time to really intensively deal with this topic. I appreciated that. And particularly, that we didn't have to worry about the structure or the moderation ourselves or having to maintain the course. Because [name of the consultant] was doing it, I loved it, because she also documented everything and compiled everything, I found that incredibly helpful.

Stakeholder B: ...So, I also thought it was really helpful, to have a managed, moderated process here.

Consultant Profile

Consultants who work with RIMS perform many tasks at once. They moderate and structure the exchange among the stakeholders, record the results at the same time, provide information if needed and or offer ideas. They prepare the meetings and do the follow-up afterwards. We therefore believe the following qualifications for the consultation work with RIMS are important: Experience with conversation techniques and consultation, moderation and documentation of processes, as well as expert knowledge and methodological knowledge in the area of health promotion, organisation development and process support. In addition, it is important that the consultant has knowledge about the (municipal) structures, conditions and local funding opportunities. And it is recommendable to be familiar with the setup and the contents of RIMS.

For consultants who would like to work with RIMS, the Hamburg Association for Health Promotion (HAG) offers a training.

Read more here:
www.hag-gesundheit.de (in German)

GLOSSARY

Bottom-Up

When a community or a particular group of people describes their health-related needs (bottom) and brings it to the attention of responsible decision-makers (up), it is called a bottom-up approach.

Health promotion

According to the World Health Organization (WHO), health is a state of complete physical, mental and social well-being. Health is influenced by many factors that are individual, economic, social, ecological and cultural. According to the Ottawa-Charter, health promotion is defined as a process aimed at all people, enabling them to increase control over their health, and enabling them to maintain and improve their health in a resource-oriented manner. Health promotion for people in all circumstances and phases of life from birth to old age, including their lifeworlds, is an important political goal of the European Union and the Federal Republic of Germany.

Initiation

Initiation describes a phase in the setup of an integrated municipal strategy, in which applications for funding are submitted and agreements for cooperation in the community are entered and documented.

Network map

Network maps visualise social environment and relationships, e.g. between individual stakeholders in the neighbourhood. For this purpose, persons and institutions named in interviews, for example, are located on network maps which are structured in several concentric circles. The person's institution is placed in the middle of the map. The distance of persons and organisations on the map from the respondent's institution indicates the strength of the relationship between them.

Participation

Participation means involvement, contribution, collaboration, co-determination, inclusion or having a voice. Participation is a development process. It can be achieved in all fields of society or settings and in all project phases (definition of needs, planning, implementation, evaluation).

Community-related data

Data that provide information on demographic developments of different population groups, incomes, family structures, etc. and are referring to a small area (district, neighbourhood).

Community-oriented

The community is relevant for residents as a place of participation. Community orientation means that a stronger focus is placed on a person's or local population's environment, when it comes to health-promoting activities and that this is included in the design of measures.

Stabilisation

Stabilisation describes a phase in the setup of an integrated municipal strategy, in which the stakeholders involved in the process have in-depth knowledge of integrated municipal strategies, in which activities in the community are offered continuously and in which a consolidation is sought by the key persons.

Top-Down

If the objective of a health promotion measure is defined, e.g. by resolutions or by responsible decision-makers (top) and passed on to the target group, e.g. to the municipality or people to be reached by the measure (down), this is called a top-down approach.

Consolidation

Consolidation describes a phase in the process of setting up an integrated municipal strategy, in which the activities are professionalised and the responsibility for the activities is transferred to the community.

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