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# Coordination of village plans and municipal rural and health policies

## - Can low-hanging fruit be picked?

Shorter running title: Coordination of village plans and municipal policies

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innovation, Citizen Science can be used in health research, for example in the field of dementia.

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### **Data availability statement**

The authors are in possession of the interview transcripts, which, however, cannot be made publicly available without the interviewees' confirmed consent. The analysed documents can be accessed freely on the Internet through the links in the reference list.

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### **Conflict of interest disclosure**

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### **Keywords**

Coordination, Village plans, Health policies, Rural policies, Community development, Rural health.

Article type : Original Article

## **Coordination of village plans and municipal rural and health policies - Can low-hanging fruit be picked?**

### **Abstract**

This paper analyses how and the extent to which village plans and municipal rural and health policies have been coordinated in three Danish rural case locations. We applied a qualitative design through a document analysis of plans and policies as well as interviews in villages and with municipal administrations. Theoretically, the article builds on the coordination and bridging that have been undertaken between community-led planning and statutory planning. First, the study shows that although communities are expected to influence the successful implementation of health interventions, there is still a way to go before health and rural development planning are integrated in Danish municipalities despite innovative actions towards integration at the village level. Second, issues such as tame planning, fear of municipal domination, difficulties in approaching village diversity, and silo-based strategy-making are identified as critical barriers to address.

**Keywords:** Coordination, Village plans, Health policies, Rural policies, Community development, Rural health.

Words: 8,000 (excluding abstract, keywords and references)

## Introduction

In the production of welfare solutions, co-production (Bovaird 2007) has become part of the discourse related to service delivery, citizen involvement and service satisfaction. Especially in rural areas, the idea that specific welfare services should be performed by the inhabitants themselves is emerging, often due to austerity. For example, in a Canadian rural context, through a healthism lens, Mair et al. (2019) show that people are responsible not only for self-care but also for community-care. Thuesen and Rasmussen (2015) also conclude that considerable hidden and uncoordinated co-production has already occurred in Danish rural areas through existing voluntary work and citizen initiatives. This point is similarly reflected in recent work by Mettenberger and Küpper (2019, 742) and Munoz et al. (2014) in relation to volunteering by elderly rural populations in Germany and Scotland. Demanding more voluntary work from rural collectives might also prove to be difficult for the rural Danish areas more generally, especially considering the high number of hours worked by both Danish men and women (Inglehardt and Norris 2003), the increased individualisation of society (Giddens 1991), and more selective place attachment (Gieling et al. 2019).

This paper investigates whether in times of public sector savings, better coordination of citizens' and municipalities' activities could be an effective way to address the difficulty of squeezing more volunteer work out of rural residents. This could occur through a holistic approach to vertical and positive coordination (Peters 1998; Scharpf 1994) that, as part of a multi-level governance system (Hooghe and Marks 2003), includes 'bottom-up' actors. One area where such vertical coordination could take place is related to the preparation of village plans for rural communities. There is no overview of the number of such plans in Denmark; however, this type of planning is widespread. These types of plans can be characterised as mainly falling under the umbrella of specific municipal administrations such as technical, cultural or leisure administrations. Even though municipalities prepare health policies that demand a high level of citizen participation, municipal health administrations seem to make little use of village plans as a tool, suggesting a lack of horizontal coordination in Danish municipalities. This is true even though public health and prevention spending is expected to rise in line with changing demographics in rural areas, and despite a need for a rural and territorial approach to health prevention. Pilgaard and Rask (2016) show that people in Danish rural areas engage less in sports and move less than people in cities, and the National Health Profile

(2018) shows that citizens in rural-dominated municipalities have poorer health status in several parameters than citizens in urban municipalities. In other countries, studies also suggest that geography affects health and that long distances involve worse health for rural citizens. In Norway, Flø et al. (2008) identify a need to address the higher level of obesity among rural children compared to urban children, and Mair (2019, 92) notes that in Canada, ‘...rural residents at all stages of life are at a higher risk for poor health when compared to urban counterparts’. Building on the hypothesis that the coordination of already existing activities between local communities and municipalities and within municipalities is an obvious place to start to improve both rural and health development, this article aims to examine the following question through three case studies of villages that have untraditionally prepared plans with a health focus:

To what extent has the coordination of village plans, and municipal rural and health policies taken place, and what are opportunities and barriers related to further coordination of village and municipal plans and further co-produced planning?

The article thus pursues Klijn and Koppenjans’ (2020, 261) call for more studies to investigate ‘the implications of inter-organisational collaboration for intra-organisational SP (strategic planning)’ in a governance situation where not only public authorities are planning but many other actors are strategizing. It also follows in the footsteps of Owen et al. (2007) and Bailey and Pill (2015) by investigating how to reconcile tensions between communities and authorities. It does so by specifically focusing on plans related to health and rural community development. The literature on health development emphasises that local communities affect the successful implementation of health interventions (Kenny et al. 2013) and that small, collective co-production efforts deliver good results (Pestof 2014). According to Beirão et al. (2017), a multilevel approach to the value co-creation of health is important as the micro-, meso- and macrolevels are interdependent in the creation of improved quality of life. However, actual health and rural community development have not been linked in this literature, and there is generally a dearth of examples of governance processes in which community and health stakeholders have worked in partnership (Kenny et al. 2014). Our study contributes by discussing the coordination of village plans at the community level with more conventional rural community and health planning at the municipality level. We take our point of departure inspired by the English literature on linkages between statutory and non-statutory

plans and add to this literature in particular by focusing on providing insight into aspects that are important for a coordination culture to support such bridging.

In section 2, we discuss the village plan tool and spatial planning practices. Section 3 provides reflections on the case study areas and our qualitative analysis of documents and interviews. Section 4 includes the analysis, and section 5 presents the discussion and conclusion.

### **Multi-level and coordinated planning**

Village plans can function ‘as a focus for community capacity-building’ while at the same time ‘helping broader spatial strategies’ (Gallent 2008, 6). The literature on village plans in Denmark (Thuesen 2017) shows that integrating such plans in statutory planning is not a widespread practice and mostly occurs informally and as a preparatory stage of the statutory planning process. Nevertheless, recent trends indicate that Danish municipalities will have to begin planning in a more structured way for the viability of villages, as evidenced by a recent revision of the Planning Act that proposes the following:

Municipal planning for villages must 1) support the development of viable communities in villages, 2) promote a differentiated and targeted development of villages, and 3) set overall objectives and tools for the development of villages (Høringsportalen 2018, § 5d.).

Against this background, a more strategic and coordinated use of village plans could be a tool for municipalities to adopt.

### **The village plan tool and its relationship to spatial planning**

Bishop (2007) mentions that parish plans provide value for money by enhancing voluntary energies. The issue of alignment between parish plans and the more conventional statutory planning process is discussed by Owen et al. (2007), who state that bottom-up and top-down initiatives often occur ‘in virtual ignorance of each other’ (54). They state that three types of outcomes appear when plans are prepared at the very local level: 1) an initiative can be immediately implemented locally, 2) implementation of an initiative

requires the help of a department, or 3) implementation of an initiative requires changes in strategic planning. Outcomes 2 and 3 in particular call for coordination. Gallent et al. (2008) debate whether local plans should be formally integrated into strategic plans at higher tiers of governance or should merely be 'linked' to these plans. They write the following:

'Ineffectiveness' occurs where planning decisions, environmental services, health and education policy, and so on, do not respond to parish plans; such ineffectiveness is attributable to a failure to integrate with community-led planning, or rather a failure of community planning to integrate with higher tiers (Gallent et al., 2008, 13).

Gallent et al. (2008) present two perspectives on the probable role of parish plans in ensuring that these plans will not end up as 'stand-alone documents' (Bailey and Pill 2015, 299). From a participative perspective, parish plans should inform strategic frameworks. From a representative perspective, parish plans should be framed by higher-tier strategies. Gallent et al. (2008) emphasise that a third and 'bridging approach' abstains from constraining local ambitions and incorporates different values in the planning process. Owen et al., however, conclude from their action research that 'a single "Model Bridge" did not appear. They therefore call for 'a variety of bridging arrangements' through 'systematic iteration between top-down and very local bottom-up approaches to decision-making' (Owen, et al. 2007, 70-72).

Owen et al. (2007) places bridging within a discussion of associative democracy (Hirst 1994). We supplement this approach by interpreting bridging in relation to public coordination in which actors in and around the public sector take each other into account and cocreate solutions. Public coordination can occur horizontally within different departments of a municipality and vertically in a multi-level governance way. Since this article includes issues at the sub-municipal and 'out-side government' level, the voluntary rural citizen-level organisation is counted in the vertical relationship. According to Wegrich and Stimac (2014), coordination is about aligning the perceptions, activities and goals of entities with differing world views and policy preferences. Coordination underlap refers to situations in which no entity takes responsibility for a policy issue, and coordination overlap refers to situations in which questions are addressed by more entities either not knowing about each other's activities or approaching them from dis-



tinct preferences (Wegrich and Stimac 2014; Peters 1998). Wegrich and Stimac find that the quality of coordination depends on the existing coordination culture. Peters (1998, 296) argues that problems ‘are becoming increasingly “cross-cutting”’, and both Wegrich and Stimac (2014) and Peters (1998) refer to Scharpf’s (1994) distinction between negative and positive coordination for welfare creation. The bridging approach relies on a positive coordination tactic whose goal – despite the transaction costs of such a multi-level coordination approach (Hodge and Marks 2003) – is to develop joint identities rather than simply preventing a policy initiative from violating the turf of others, as in negative coordination.

Owen et al.’s (2007, 65-69) description of a good bridging approach demands a coordination culture that prioritises dialogue, structures and human resources. Regarding dialogue, good bridging requires information on the context for bridging, guidance on roles and responsibilities, and each party to explicitly recognise the value of each other’s contribution. Structures refers to a prepared protocol of how to practically link local plans with strategic plans such as a template for finalising a plan draft and determining the degree of congruency between plans at the community and municipal levels. Human resources refers to capacity building and support for bridging at both the rural community levels and the strategic planning level. Owen et al. suggest the establishment of an interdepartmental ‘making it happen’ group at the strategic planning level early in the bridging process, that a facilitator be appointed, and that a single point of entry to the strategic planning administration be established through the designation of a contact person.

According to Owen et al. (2007), positive results from coordination are that the process offers local communities the chance for their efforts to be taken seriously by people with power and resources. For strategic-level partners, bridging provides more ‘fine-grained consultation concerning local services and policies’ (Gallent 2008, 2). However, good bridging is often restricted by reliance on too few people, an overly complex strategic planning process without targeted support, a valuing of expert knowledge over local knowledge or changes in the political context (Brookfield 2017; Owen et al. 2007, 67). Often, a doubling of the planning process is all that is achieved (Brookfield 2017, 400). Even though a need for continued and larger joint responsiveness and ‘cognizance of the other’ is identified for plans to be effective, Owen et al. (2007) state that in their studies, ‘mutual awareness was generally minimal’.

## **Bridging as a neo-endogenous, multi-scalar, big-society approach to rural planning**

The literature on bridging adopts a multi-scalar or neo-endogenous perspective (Brown et al. 2019; Brown and Shucksmith 2017; Shucksmith 2010). Shucksmith (2010, 1) states that neo-endogenous development entails the ‘propensity for public, private and voluntary sectors to interact at multiple scales in diffused power contexts together with attempts to mobilise local actors’. Similarly, Brown et al. (2019) emphasise the importance of ‘a hybrid of the capacity of bounded places and their engagement with relational flows that transcend their bounds’ (Brown, et al., 2019, 221).

The coordination of plans at different levels can also be understood as part of big-society or participation-society. In line with Ostrom (1993), Durose et al. (2013, 7) find that big-society-inspired co-creation is promoted as a ‘catalyst of change’ to open the policy process through improved communication and power sharing between citizens and governments and improved administrative responsiveness. It is expected to deepen democracy and create a more active and responsible form of citizenship. In addition, such co-creation can lead to the innovation of better solutions to complex social problems that can function as viable alternatives to public provided services (Durose et al. 2013). Critically, the vertical coordination of plans could also involve public authorities executing power through calculative ‘governing through communities’ (Rose 1996; Woods et al. 2007) and a form of subjectification of villagers towards self-responsible citizens through the use of technologies of agency (Foucault 1991). In this respect, there is a tendency to expect rural collectives to take on the ‘provider role’ more often than urban collectives (Vaillancourt 2011, 81) since rural collectives are considered responsible for their own lack of critical mass.

## **Methodologies**

To use terminology appropriate to the Danish case, we employ the terms ‘village’ and ‘community’ to refer to the types of case areas that Owen et al. (2007) describes as the ‘very local level’. We use the term ‘municipal’ to refer to the activities, policies and processes that stem from the local authority level. To support the understanding of the Danish context and the village-municipal relationship, we highlight that communication

and dialogue between communities and municipal politicians and administrations often happens in a structured way. Such exchanges typically occur in the context of meetings with municipal technical, environmental or planning departments or with politicians from standing committees for economic affairs or, in rare cases, standing committees for rural affairs. This is because in 2007, Danish municipalities were requested to consider democracy when the number of municipalities dropped from 271 to 98 (Andersen and Jensen 2010). Danish municipalities are responsible for services such as day care, schools, nursing homes, libraries, health prevention and retraining, rural development, roads and green spaces, and planning. To finance these services, Danish municipalities withdraw taxes. The municipality's share of public expenditure is nearly 50%. However, there have been many service cuts since the 2007 reform (leading to measures such as school and library closures and reduced maintenance of roads and green spaces).

### **The case areas**

#### **Skrave**

Skrave (479 inhabitants) consists of two small local communities in the Vejen Municipality (42,863 inhabitants) in the Region of Southern Denmark. The area has an active associational life and focuses on community and solidarity. The associations provide activities for people with weight problems, children with disabilities, and foreigners employed in agriculture. The Skrave interviewees consider the inclusion of health initiatives in its village plan as an opportunity to twist what rural development is about. Health is explicitly defined by one of the interviewees as something no one can take away from the area for structural reasons (in contrast to, e.g., the school, which was closed by the municipality). The community association led the preparation and implementation of the village plan independently. It created an Excel spreadsheet outlining the village plan, on which all the ideas from the day of inspiration that kick-started the village plan are set forth and on which those ideas are highlighted as they are implemented. The Vejen Municipality's health policy is part of a thematic plan and is linked to culture, leisure and everyday life activities. The municipality has a right-wing orientation with a focus on individuals' responsibilities for their own health.

#### **Gærum**

Gærum (798 inhabitants) is a community-driven village located in Frederikshavn Municipality (59,987 inhabitants) in the North Denmark Region. The village plan in Gærum has served as a platform for identifying villagers' interests; health issues have been discussed regularly since 2009 with the establishment of a health group. Gærum regards health as a positive concept to be communicated in relation to increased settlement, with a focus on a broad and unifying health concept. The resources for implementing the village plan are local forces and commitments supplemented by grants and funds from the district council of Frederikshavn. Although the village plan was to some extent relegated to the background after its launch in 2015/2016, the process has been positive for Gærum. The establishment of a fitness centre is one of the concrete and quick results of the plan. The Frederikshavn Municipality has a left-wing orientation; it adopted a new health policy in 2017 and wants to 'play ball' with key actors to achieve the goals of its health policy. However, at the time of the data collection, the municipality was mainly thinking in terms of patient associations, institutions and certain citizen groups arising from the policy.

#### Guldager Kirkeby

Guldager Kirkeby (950 inhabitants) merges with the urban area of Sønderris on the outskirts of Esbjerg in the Esbjerg Municipality (115,652 inhabitants) in the Region of Southern Denmark. This positioning results in rising prices and short selling periods for houses. The area still has village qualities including the associational life through which new people are integrated; however, the closure of the Guldager school affected the area's leisure life. Today, residents meet, among other places, in the locally run fitness centre and at citizen association events. The health section of the village plan is related to the 'Guldager Circle' - an exercise track that surrounds the village. It was inaugurated in 2017 and helps mark the boundaries of the original village. Other related activities include a BMI project. The village plan is older (2010/2011) than the plans in Skrave and Gærum; however, the interviewees mentioned the plan and the workshop that started the process as sparking initiative and binding people together. The municipality helped carry out the former BMI project and provided practical support for the establishment of the Guldager Circle. The municipality has a right-wing orientation and believes that initiatives should come from local areas.

## **Method of data collection**

The three Denmark cases were found based on a structured review of village plan listings on municipal websites and inquiries to selected municipal rural coordinators. These atypical extreme local cases (Flyvbjerg 2010) involving the innovative integration of health themes in village plans were selected to capture the difficulties and the ambiguities of coordination even in the event of strong cases. The case selection thus fits well with the intention to discuss the degree of coordination among plans as well as the opportunities for and barriers to coordination. We analysed village plans (Skrave 2016; Gærum 2016; Guldager Kirkeby 2011), municipal rural policies (Vejen Municipality 2017; Frederikshavn Municipality 2008; Esbjerg Municipality 2015a) and municipal health policies (Vejen Municipality 2013; Frederikshavn Municipality, 2017; Esbjerg Municipality 2015b) to identify interconnection or mismatch among the plans. In addition, 32 personal semi-structured interviews were conducted from August to October 2017 with local association leaders, ordinary citizens, public administrators in health and rural development departments, and the political leaders of the health committees in each municipality. We used local Facebook sites/webpages to further follow the activities taking place in the study areas. We also visited the case study area again at the end of the data analysis in 2019 to present and validate the findings.

## **Method of data analysis**

The planning documents were manually coded while the interview data were coded in NVivo12 (Maher et al. 2018). The planning documents underwent descriptive first-cycle coding with the goal of creating displays of the approaches, consistencies and inconsistencies among plans at different governance levels and in different municipal departments. These documents were not produced to be researched, and they are 'implicated in chains of action' (Bryman 2012, 586) and demands from higher levels of governance. In relation to judgement criteria for documents (Scott 1990; Bryman 2012), the municipal documents were generally representative of this type of document whereas the village plans were considered to be rather unique due to their explicit health focus. All documents appeared to be authentic and credible.

We coded our interviews in two cycles. First, the coding was performed based on the overall research project aim and the initial literature search, and, second, we used 'cod-

ing-on' in a data-driven and inductive manner on a node named 'bridging', which appeared to be central. This led us to show why certain aspects of a positive coordination culture were difficult to identify.

## **Analysis**

We now turn to our empirical analysis which begins with an exploration of practical aspects such as the process, writing, style and content of the village plans and the degree of cognizance and communication among the plans at different levels. These facets reveal how roles and responsibilities have been distributed, the values that are emphasised, and the resources that are available in the planning process and thus whether aspects of the participative, representative or bridging approach emerged. We then more specifically direct our attention to our interview data on opportunities and constraints towards further coordination. By employing these analytical steps, we are ultimately able to provide new knowledge on important aspects of the coordination culture that exists in the subject area.

## **Overall process, style and content of the village plans**

The three village plans differ considerably in their communication with respect to the municipality. In the Skrave case, the locals structured the plan development process and wrote the plan themselves after being inspired at a municipal meeting for all communities, even though the municipality offered them an externally hired consultant. In the Gærum and Guldager Kirkeby cases, design consultants and architects worked in cooperation with municipal employees to structure the process and write the plans. This had the largest top-down consequence in the Guldager Kirkeby village plan, which appears architecturally focused, prioritising expert knowledge, and it only includes a few notes from the citizen meeting that generated the ideas. Despite the municipal and consultant-based influence, the Gærum village plan managed to stay close to the locals' ideas and everyday life by incorporating local photos, hand-written 'possibility maps', posters, quotes, and a local song. As shown in the bottom row of Table 1, the health theme is only one theme in the village plans, which also address settlement, volunteering, tourism, the physical environment, traffic and road safety.

Table 1. The 3 process- style- and content approaches

### **Proactive or coincidental cognizance among plans?**

Skrave's village plan mentions that the plan came into being because in 2016, the municipality was faced with having to update its rural policy and wished to do this based on local knowledge and therefore initiated a process of renewed village plan preparation. This desire was taken seriously in Skrave, where the village plan includes considerable place-political communication. The plan explicitly states that Skrave knows what the village can do for the municipality and vice versa. The villagers recommend continued and extended cooperation with the municipality (e.g., on fundraising, traffic, nature, settlement, new building sites, guidance, and courses) built on trust and competence from both parties. Skrave also recommends that municipal project funds continue to be available – for, among other things, local health initiatives – and that the municipality takes the initiative to coordinate and organise efforts of common benefit for villages in the municipality. The municipality of Vejen wrote its municipal rural policy based on approximately 20 village plans. It is written in Skrave's village plan that the villagers regret that Skrave's health- and nature-related activities are not mentioned in the municipal village analysis, which was published in 2016 before the village plan process and the rural policy development, and that these health- and nature-related themes may not have been adequately communicated to the external world. Despite this example of coordination lacunae, in the Skrave case, there is a rather high degree of mutual cognizance between the village and the municipality (Owen et al., 2007) at both the village level and the rural policy level, and positive coordination of plans has taken place in a mainly participative manner including local characteristics and viewpoints. However, cognizance between the village plan and the health policy is low. The Vejen Municipality's health policy, 'Health, Culture and Leisure', was written in 2013, well before the village plan and the rural policy of Vejen. The plan includes considerations regarding conditions for voluntary work and the use of nature and gym facilities. Thus, the plan reflects some awareness of topics relevant to the villagers; however, it only specifically mentions the Centertown of Vejen in addition to a description of the nearby health care systems in former centre towns. It contains no communication about rural communities.

In contrast to the Skrave document, Gærums village plan contains a low level of communication with respect to the municipality. Statements only very briefly note that the village plan was made in cooperation with the municipality and the District Committee for Rural Areas under the municipal Economy Committee (consisting of municipal politicians and village representatives). A municipal checklist specifies the bindings and external conditions that locals should consider, which are, to some degree, examples of negative coordination. Since the plan succeeds in being inspirational, we conclude that it was written by the municipality on the Gærums citizens' terms and is thus closer to the representative system than in the situation in Skrave. The rural policy of the municipality of Frederikshavn was developed before the Gærums village plan, and the communicator of the policy was the District Committee. The policy includes extensive outreach to involve rural associations in municipal activities and to establish joint partnerships. There is even a quest to anchor public health locally and to grow 'healthy city' initiatives in rural areas. In the Frederikshavn health policy, there is a desire to involve many different stakeholders as the implementers of the plan. The plan mentions the importance of communities and local networks for the municipal health exit strategy with the aim of ensuring that citizens who have received health assistance stay active. The plan also mentions how green areas and bike paths support healthy living and transport. The written formulations in the rural policy and health policy of this municipality are thus in communication with one another, which opens the possibility for positive coordination, even though no specific references are made between the policies.

The Guldager village plan is architecturally dominated. It rarely addresses the municipality and includes specific requests for structural elements, e.g., new bus shelters and bicycle paths. In the village plan preface, the municipality mentions legal and political possibilities and boundaries related to the implementation of the village plans, thus orchestrating possibilities for both positive and negative coordination. The village plan is within the confines of a script (Parker et al. 2015) for village plans in the municipality. The plan was written by planners and consultants on municipal terms and is framed by representative and sectoral rationales. The Esbjerg Municipality's rural policy document reflects a large outreach towards rural communities; however, rural communities are expected to take initiative to organise voluntary work and co-financing while the municipality provides framework conditions and competitive funding. There is no mention of the village plans in the policy; nevertheless, there is a request for initiatives contributing



to a good and healthy life. The Esbjerg Municipality's health policy states that health is a shared responsibility and that partnerships and cooperation are needed to spread health efforts. The policy requests that people with resources and voluntary associations – in line with the multiscalar and neo-endogenous approach – help implement the policy but includes no communication or coordinating initiatives towards villages or rural areas.

Table 2 summarises the second part of the document analysis. Skrave's village plan contains an expressed wish for coordination. Gærum's and Guldager Kirkeby's plans contain almost no explicit references to the municipality beyond aspects such as authority approvals or guidelines for funding applications despite being written by municipal employees. Either these plans have been tamed by structural and contractual conditions imposed on municipal employees and consultants, or the lack of coordination attempts is due to mere non-cognizance stemming from different everyday practices. The rural policies generally contain high cognizance of initiatives in villages; however, only Vejen's plan mentions the role of village plans. Regarding health policies, there is low communication towards villages and rural places despite communication of the desire to coordinate activities with volunteer networks in Frederikshavn.

Table 2. Cognizance in the form of communication between plans at different tiers of governance

### **Non-articulation of coordination potential and importance of maintaining independence**

The local interviewees had not considered that there should be coherence between their village plans and municipal policies. However, at least in the Skrave village plan, there were many hints regarding the municipality because the municipality had recommended that villages use the municipal village analysis in their village plan development. Although the Vejen Municipality based its own 2017 rural policy on inputs from rural areas and thus made attempts to coordinate in line with the participatory perspective proposed by Gallent (2008), the villages had not been asked to align with specific policies in accordance with the representative perspective. One interviewee stated:

...as I know of, there were no content requirements from the municipality. It was a clean process. I do not think they set the agenda in any way (...). It was very focused on what we wanted... (village representative, Gærum).

This quote suggests that the village plans were developed to address the ideas and wishes expressed by the villagers without the intention to anchor them in municipal policies and without much coordination. The locals were scared that the passionate people would burn out if the municipality interfered excessively. They emphasised that they were motivated by local ideas and not municipal objectives and expressed that it would be up to the municipalities to initiate communication and dialogue more actively if the rural areas or communities were to take specific actions. On this subject, an interviewee said:

... if they want something, I think it is important that they come out and have these dialogues with us and that we can be allowed to do it our way to some extent (...). And apropos of the municipality, we want the municipality, but we want to be the ones who get to say what we want to use the municipality for. Thus, if the municipality comes at us with 'Now, we need a health policy, and you should do it like this', then I think we would simply die in it (village representative, Skrave).

However, especially in Guldager Kirkeby, the locals seemed to seek a more activist municipality, a view that was absent in the more municipality-dominated village plan. If the villagers had been the developers of the village plan to a larger degree, these more political aspects might have been more visible:

To put it bluntly, I have always had the wish that the municipality of Esbjerg had some plans as to what should happen to Guldager. But I'm not sure they have. It's like it's up to us to formulate how Guldager is going to evolve and then try to push the municipality of Esbjerg to make some changes (village representative, Guldager Kirkeby).

The lack of linkage between municipal and local actions in the health area is touched upon by a female interviewee from Skrave who also requests a slightly more active municipality. This interviewee is active in the community's gymnastics association and discussed the association's lessons for children with special needs:

We have a motor coordination team for children. There, I sometimes feel that the municipality should tell us, 'What you do is good work, so we will give you a little [money]'. But that is not the way it is (village representative, Skrave).

Similarly, in Gærum, many interviewees mention the importance of the school for the local community. However, the village plan does not address opportunities for the school to contribute to the implementation of municipal rural or health policy or for public voluntary innovation. At the local level, the interviewees are concerned about the system's colonisation of the life world (Habermas 1996), which is in line with the negative aspects of empowerment processes such as public domination (Bailey and Pill 2015).

### **Caught in a silo and the difficulty of grasping diversity**

Municipal employees and politicians attributed part of the lack of coordination to a lack of tradition for integration of rural policy with social and health-related administrations; i.e., they identified an element of silo thinking and an absence of a coordination culture. They also identified that the municipal administration struggles to handle the fact that what is happening in the villages is very diverse. Work is standardised in a municipality, and they experience this as inadequate in relation to rural areas, where everything is context dependent as well as being personally and culturally based. However, the rural policy of the municipality of Vejen indicates that the policy must be differentiated 'because similar means unequal'. It is assumed in all places that the contents of the village plans were developed from the bottom-up and that what works in one community may not work elsewhere. The interviewees expressed that village- and municipal plans represent two different ways of accessing aspects that correspond with the participative and representative approaches and expressed understanding of village values and characteristics by emphasising that municipal strategies cannot simply be rolled out from top to bottom, although few attempts have been made to spread municipal strategies as explained by a municipal employee:

...when we could see from the first workshop that, okay, they have an interest in this and that..., then we have brought some of the municipal plans as inspiration. We haven't said they should. (...) 'There is also this health

policy in the municipality (...) so, it may be easier to (...) find some resources in the municipal system'. We have had such talks, but it is a great deal for them to decide which way they want to go, not to lose them. That's 100% their plan, and that's important (municipal employee, Frederikshavn).

The municipal interviewees explain that, often, only one person sits in the municipal rural area administration, which makes it difficult to create room and time for a coordination culture to develop. The attitude is that it is good that the villages have a piece of paper indicating what they want but that there is a way to go before their wishes are implemented by the municipal administration. The municipal interviewees believe that it will be resource intensive to disseminate the health efforts initiated in the three local communities to all rural communities. The health policies have not had a specific focus on rural areas. Thus far, the common impression is that the sports associations in the local areas mainly take the initiative for health-related activities. When asked directly, a municipal politician expressed that he 'completely has a bad conscience' that the municipality has not tried to coordinate the village's health and rural development efforts with the municipality's policies. A leading health coordinator turned the interview around when she asked the interviewer if the village interviewees knew the municipal health policy by saying, 'It might be exciting to hear if they have seen it'. This indicates that information does not flow freely between municipal administrations, each of which has its own professional focus area.

However, despite the abovementioned barriers to coordination, the interviewees were positive about the fact that efforts were further coordinated with local communities. There was also a common agreement that the right of initiative lies with the municipality, which should cultivate the potentials hidden in the village plans and turn municipal employees' focus towards these aspects. The interviewees emphasised that there is considerable knowledge stored in the three village plans that can inform municipalities on the basis that 'if health is to develop, then it must happen close to people'. Close contact and the local community element are believed to work better to promote health and well-being than general health campaigns in which the municipalities are also engaged. In line with the literature on co-creation and health discussed in the introduction section that emphasises the importance of close networks, the municipal interviewees recognised that communities have strong bonds and social capital potential, making it easier

to further implement a municipality's health efforts. At the same time, however, the municipal interviewees assume that to some degree such potential should appear by itself, not through structured coordination, which points towards what we term tame planning, which is characterised by place blindness, and a reluctance to deal with issues justified by a bottom-up rationale. A fear was also expressed among the municipal interviewees, who were afraid of being accused of dominating volunteers with the municipal 'system world' (Habermas 1996).

## **Discussion and conclusion**

This investigation aimed at exploring the degree of and barriers and opportunities of coordination between plans and policies at different tiers of governance and internally within municipalities between rural development and health promotion. Such a bridge-building approach can also be traced in literature on rationales for collaborative governance (Ansell and Gash, 2008) and collaborative planning (Healey, 1997). It also coincides with the multi-scalar approach emphasising the benefits of positive coordination and the neo-endogenous approach stressing the coupling of endogenous and exogenous resources.

Although some individual citizens and municipal administrators are linked, the reason why the connection between health promotion and rural development has not materialised may be because the issue of municipalities deciding on their approach to strategic village planning has only recently been articulated, although they have been encouraged for years to develop rural policies. Additionally, there is no tradition for dialogue between rural areas and the health administration or politicians from health committees, who instead focus on meeting with municipality-based and less place-based councils of elders. This finding is in line with that of Owen and Moseley (2003, 445) who state that until 2000, village planning in the English context was patchy, although planning involving local communities has now expanded into a more general approach.

The study also identifies severe barriers to the closer integration of plans related to locals' desires for self-determination in their own areas and a lack of desire to attend to agendas of roll-back and roll-out neo-liberalism (Peck and Tickel 2002). These perspectives can discourage a municipality from formulating more specific guidelines and facilitation than is the case today – nor can a municipality feel entitled to do this because of

local service closures in large municipalities. However, there are also examples indicating that locals want to have self-determination coupled with a municipal vision for the area that is not only about local responsibility. Locals want self-determination; however, they also want the municipality to take responsibility for the local areas, allowing locals to imagine and build their own context (Jones and Woods 2013). The study shows that there is room for better integration of health and rural policy and that village plans will be a possible innovative tool as the demand for strategic village planning is manifested in the coming years. All interviewees expressed this positive view when confronted with the idea. However, in two of the case areas in particular, there is a lack of meta-governance (Sørensen 2006) in the form of municipal institutional design towards bridging. More focused coordination of plans could become a collaborative project; however, it should not limit a local area's self-determination. The research showed a fear of a life-world infection of local volunteers by both locals and administrative staff and politicians, which is supported by studies about the difficulties that arise when public authorities are too controlling (Uster 2019), which, according to one of our local interviewees, means that locals risk to 'simply die in it'. These aspects have also been emphasised in relation to the EU-wide multi-level implementation of CLLD, where local rural development strategies are promoted as a small share of the EU Rural Development Programme budget and therefore cannot influence the bureaucratic structures stemming from more mainstream agricultural and environmental parts of the programme. A similar subordinate relationship arise from our research in relation to coordination opportunities between rural and health efforts in the studied municipalities, where it is difficult to get an economical and staff-heavy department such as the municipal health department to adapt its behaviour to a smaller area of action in another department such as rural area development. Attempts to maximise overall goal achievement by seeking out and leveraging common strategic opportunities across organisations thus encounter obstacles such as goal conflicts, imperfect information, and complicated decision structures.

Despite a prevailing discourse on co-creation in Danish municipalities and a widespread focus on innovation, our research indicated a low degree of coordination and ad hoc based coordination practices. Thus, the simultaneous achievement of rural development and health promotion relies on active, strong communities. Although much research has focused on how to build the capacities of volunteers and communities, this research

shows that there is just as much of a need to facilitate positive horizontal coordination internally in municipalities for planning not to be tamed or place blind. This study identifies a coordination culture characterised by sectoral lock-in despite opposite attempts. What is 'cultivated' or 'refined' (Jacobsen and Andersen 2017) in this culture of coordination is still dominated by hierarchical and sector-specific norms and 'cross-cutting issues do not receive attention beyond the symbolic' (Wegrich and Stimac 2014). It can be argued that this approach is also a rational one for organisations and departments, specifically, that by maintaining their 'turf', they sharpen their capabilities to obtain a depth of knowledge in specialised areas (Wegrich and Stimac 2014). However, the cross-cutting complexity (Peters 1998, 296) of tackling the rural development issue and health challenges and the need for identifying 'out of the box-solutions' call for a more proactive, holistic and communicative coordination culture to create more comprehensive and transformative results.

The locals are sensitive to a 'turf'-based coordination culture and react in relation to it, creating a negative cycle away from trust building. Despite difficulties, small initial attempts to support participative approaches and build confidence, improve communication and engage in positive coordination such as the village analysis of the Vejen Municipality and the subsequent local preparation of plans, which formed the basis of the municipality's plan, should be pursued as part of a new coordination culture. This would make both locals and public administrators more sensitive to each other's points of departure and create new and more common logics. The village analysis tool could - through the establishment of interdepartmental groups - also be extended to the health area, which could then have its important health endeavours sustained in a less place blind way. This recommendation connects the study to current Danish debates about the inadequate municipal grasp of health challenges. Municipalities are responsible for prevention efforts for children, young people and the elderly as well as general improvement of citizens' dietary, smoking, alcohol and exercise habits; however, these functions have been centralised in the now larger municipalities. Participatory efforts in coordination with and in village communities could be a way to better anchor municipal efforts through training activities and the facilitating of community building around physical and mental health.

In reflecting on the conclusions, several issues should be considered. The villages we investigated are proactive, strong (Gunn et al. 2015) and 'self-responsible' villages with

the capacity to profit from technologies of agency (Foucault 1991; Woods et al. 2007). Nimegeer et al. (2014) conclude that local community receptivity varies such that identical efforts lead to innovative service models in some places but to passive protest in others. Despite newly established village council structures in many municipalities, the largeness of Danish municipalities means a less natural overview and less citizen proximity for politicians and administrators. Consequently, there is an even greater risk that municipalities will choose to cooperate with the strongest and most visible communities, resulting in even greater inequality between rural communities in relation to health issues. The new requirement for municipalities to strategically plan for their village communities is an opportunity to do away with this problem. However, whether strategic village planning will lead to a greater focus on weaker villages, increased thematic integration and a strengthened coordination culture that also values local intelligence is a topic for future research.

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**Table 1**

Table 1. The 3 process- style- and content approaches

	<b>Skrave (2016)</b>	<b>Gærum (2016)</b>	<b>Guldager (2010/11)</b>
<b>The process</b>	<p>Participation at a municipal inspiration meeting for all local communities.</p> <p>Local inspiration day with an external speaker to kickstart the discussions.</p> <p>Local working group leaders compiled the ideas.</p>	<p>Three workshops facilitated by municipal employees from the municipal planning department on the following issues: 1: existing conditions and overall dreams with inspiration from a futurologist, 2: developing a strategic vision to form the basis for future development with inspiration from an urban design firm, and 3: voting on which ten projects should be included in the village plan.</p>	<p>The process is not described.</p> <p>It is stated that the village plan has been developed in cooperation between the community association, municipal planners from the Planning Department and the Road and Park Department as well as external consultants.</p>
<b>Organisation of the</b>	<p>The community association finalized the writing/layout of the village plan.</p> <p>An underlying Excel-file monitors progress.</p>	<p>The report was written by the municipality in collaboration with a local group of 3 to 4 persons.</p>	<p>The plan was written by the municipality in cooperation with architecture firms appointed by the municipality and an advisory board involving the citizen's association.</p>
<b>The style</b>	<p>Children's drawings, quotes, creative diagrams, many pictures and clickable links to former completed local projects.</p> <p>Place-political (and inspirational).</p>	<p>Creative illustrations (made by the urban design firm), a drawing of an apple (by one of the locals), many pictures, a song, quotes, maps, a timeline.</p> <p>Action points that include three headlines: Description, who can help? and Things to consider.</p> <p>Inspirational.</p>	<p>Maps (historical, landscape, land use); illustration of a flower with four petals; architectural illustrations (squares, houses, roads, trees). Annexes on area bindings, protected nature, funding and a few notes from citizen workshops.</p> <p>Architectural, land use/landscape.</p>

Themes/activities	One overall theme (Settlement and new volunteers) and four subthemes: 1. Physical environment; 2. Nature; dissemination and tourism; 3. Physical and mental health, well-being and security; and 4. Associations and community.	One overall vision (Gærum – a healthy community) and 10 action points: 1. Farmshop and community; 2. City port; 3. An apple as a symbol of healthy choices; 4. Running events, routes and community; 5. Footprint trails in the village; 6. Fitness for everyone; 7. Local brewery; 8. Up-to-date sports facilities, 9. A green assembly house, and 10. A good story about the healthy community.	One overall vision (Guldager - green and active - down in speed, up in pace) and three implementation points: 1. Planting of forest and trees; 2. The 'Guldager trail', an exercise trail and social space to attract families with children, create proximity and strengthen health through exercise; and 3. Reduction in traffic and change in road safety.
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**Table 2**

Table 2. Cognizance in the form of communication between plans at different tiers of governance

	<b>Skrae - Vejen</b>	<b>Gærum - Frederikshavn</b>	<b>Guldager Kirkeby – Esbjerg</b>
<b>Communication regarding the municipality in the village plan</b>	Strong. Expresses a high degree of confidence in relation to the municipality and contains many policy recommendations.	Almost non-existent. Briefly mentions municipal bindings and briefly states that the plan was made in cooperation with the municipality and the District Committee.	Non-existent. The plan was written by architects and planners with little localism in the formulations.
<b>Communication regarding the villages in the municipal rural policy</b>	Strong and includes the role of village plans.	Strong but no focus on the role of village plans.	Strong but no focus on the role of village plans.
<b>Communication regarding the villages in the municipal health policy</b>	Low and no specific inclusion of rural places.	Strong communication regarding volunteer networks but no specific mention of rural places.	Low and no specific communication regarding villages or rural places.