CONFERENCE ABSTRACT

Intersectoral coordination of prevention over the life course: professionals and the making of diabetes prevention in Denmark

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Introduction: Intersectoral coordination typically relates to services that respond to particular needs people are experiencing. This acuteness helps to contain intersectoral coordination in terms of activities, time and target group. In comparison, intersectoral coordination of disease prevention is more complex: it can encompass a broad range of activities, cover a longer time span and include many different recipients. The case of women who develop diabetes during pregnancy is a case in point: intersectoral coordination mainly concerns diabetes prevention and thus stretches over the life course of women and their families. Our study aims to analyse how specialised hospital teams, general practitioners and health visitors through their day-to-day practice contribute to the creation, maintenance and transformation of intersectoral coordination of diabetes prevention over the life course.

Theory/Methods: The study builds on organisational studies of professions and focuses on the mechanisms underlying the process of the making of intersectoral coordination. These relate to the interests and strategies of the individual professional groups across the three sectors: What interests do different professional groups have in intersectoral coordination? What specific strategies do different professional groups use in the process of creating and maintaining intersectoral coordination?

This is a baseline study that includes two localities in Denmark and draws on different types of data: analysis of policy documents, individual interviews with the management in the hospitals and the municipalities, and focus group interviews with the different professional groups.

Results: Preliminary results suggest that intersectoral coordination of diabetes prevention at present lacks a clear professional anchor point.

Midwives and obstetricians based in specialised hospital teams potentially have the strongest interest in intersectoral coordination of diabetes prevention. Through existing, hospital-based pathways they have a concern for the clinical risk parameters associated with later diabetes. This is also rooted in their specialised knowledge as health care professions.

General practitioners share the same knowledge base, but typically consider diabetes prevention less central to their day-to-day practice. Their interests in intersectoral coordination of diabetes prevention can therefore be expected to be less strong.

The same applies to health visitors, but for different reasons. Their professional knowledge base is located in-between health care and social work, and health visitors often have a primary focus
on the well-being of children and their families. From this perspective, diabetes prevention is in danger of unnecessarily medicalising the making of new families.

**Discussion:** We critically account for the differences and similarities we find across different professional groups as well as across localities included in our study.

**Conclusions:** We summarise the main findings about how different professional groups contribute to the making of intersectoral coordination of diabetes prevention.

**Lessons learned:** We reflect on the implications for practice.

**Limitations:** The results are based on a baseline study in two localities in Denmark.

**Suggestions for future research:** Future research needs to analyse more systematically the implications for organising intersectoral coordination of prevention over the life course, namely across different countries as well as areas of prevention.

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**Keywords:** intersectoral coordination; disease prevention; health professions; denmark