

## Appendix 1: Vignettes

	Content*	Organizational differences
A	Sønderslev kommune has plans to open a health house which people will be able to come to directly from the street without a referral. The health house will offer smoking cessation courses, diet counseling, rehabilitation, mental health counseling and so on. In addition, the health house will host various social events that are open to all citizens in the municipality. These events, such as joint dinners, lectures, children's playroom, concerts and a 'coffee corner', will be organized by volunteers from, for instance, the Danish Cancer Society, "Sind" and local cultural and sports associations. The municipality would like to recruit staff with different educational backgrounds, e.g. nurses, physiotherapists, occupational therapists, psychologists and dieticians. The staff will work in close cooperation with each other and with the volunteers, who will also be based in the house. It is the intention that the health house will be a place with room for exhibitions from local artists, schools and kindergartens.	Physical and social setting
B	Mårsgaard municipality also plans to open a health house. It will be situated next to the city gym and will consist of a number of small clinics, including a general practitioner, a rehabilitation clinic with physiotherapy, a dietary advice clinic and a psychologist practice. The health house will be a place where health promotion activities are gathered under one roof. In addition, the municipality will make a series of premises available, which citizens will be able to get involved in, e.g. a cafe, a gallery, a shelter or whatever is of interest to the public. The health house will always be open, but you will need a referral to go to the clinics, for example from a general practitioner or a municipal social worker.	Referral system

\* The content has been translated from Danish by the author.

## Appendix 2: Occupational Professionalisms in Health Houses

	Community-based	Medical-clinical	Mix + Spartan
Nurse	N3.29; M3.41	N2.25; C3.3; M1.35; C1.55	Z4.17; C2.6
Nutrition and health	N3.28	Z2.10; Z1.20	C2.5
Physiotherapist	M5.40	Z1.21; N1.22; S2.48; Z2.9	Z3.13
Midwife		N2.24	
Dietician	M2.32; M3.42	C3.4; S2.47	Z3.12
Social and health assistant (SOSU)	M2.33		
Occupational therapist	S4.54	N1.58	16.Z4
Occupational therapist and acupuncturist	M4.37		
Masseuse	M4.38		
Chiropractor	M4.39		
MA in Public Health	M3.43		
Home health nurse			S1.45
Project leader in system theory			S3.49
Social caseworker	M5.57		S1.56

Cell content: 36 Health professionals

\* Health centers and respondents are anonymous. The letters indicate the region (N = north, M = mid, S = south, C = capital and Z = Zealand). The first number replaces the name of the health house. The second number replaces the name of the respondent.

## Appendix 3: Interview Guides

### Interview Guide for Health Professionals

Briefing/agreements on anonymity and use of interview

1. First, I want to ask you about your professional background:

- a. What is your educational background?
- b. How many years of experience do you have?
- c. What do you do in the job you have now?
- d. How long have you been in your current job?
- e. Please, describe your workplace.
- f. Who are your colleagues? Can you describe them?

2. Can you describe a "typical" working day?

(Alternatively, please describe a day in the last week.)

3. How do citizens access the health house?

4. Try to describe yourself as a healthcare professional.

5. Now one should not generalize, but can you try to describe the area you work in. Who are the people that you typically encounter?

6. When you meet a citizen for the first time, what would you like to know about him or her?

(What kind of information do you use to get an impression of this citizen?)

7. Can you say something about how to "spot" citizens who might need health or health promotion efforts of one kind or another?

8. How often does a visit result in something being done afterwards?

I have made a description of a few health houses. They reflect the plans that many municipalities have for their future health house, but the municipalities described do not actually exist. Here is the first description. Would you like to read it? Just take your time.

Vignette A: Sønderlev kommunes sundhedshus

Sønderlev kommune has plans to open a health house, which people will be able to come to directly from the street without a referral.. The health house will offer smoking cessation courses, diet counseling, rehabilitation, mental health counseling and so on. In addition, the health house will host various social events that are open to all citizens in the municipality. These events, such as joint dinners, lectures, children's playroom, concerts and a 'coffee corner', will be organized by volunteers from, for instance, the Danish Cancer Society, "Sind" and local cultural and sports associations. The municipality would like to recruit staff with different educational backgrounds, e.g. nurses, physiotherapists, occupational therapists, psychologists and dieticians. The staff will work in close cooperation with each other and with the volunteers, who are also based in the house. It is also the intention that the health house will have room for exhibitions from local artists, schools and kindergartens.

9a. Could you imagine working in a health house like the one described here? Why/why not?

10a. How does the description of the health house resemble the health house we are in right now? How does it differ from it?

11a. What are the advantages of a health house like the one described here? What are the disadvantages?

I also have a description of a second health house with me. Would you read this too? Again, you must remember that it is a fictional municipality that does not actually exist. Just take your time.

Vignette B: Mårsgaard kommunes sundhedshus

Mårsgaard municipality also plans to open a health house. It will be situated next to the city gym and will consist of a number of small clinics, including a general practitioner, a rehabilitation clinic with physiotherapy, a dietary advice clinic and a psychologist practice. The health house will be a place where health promotion activities are gathered under one roof. In addition, the municipality will make a series of premises available, which citizens will be able to get involved in, e.g. a cafe, a gallery, a shelter or whatever is of interest to the public. The health house will always be open, but you will need a referral to go to the clinics, for example from a general practitioner or a municipal social worker.

9b. Could you imagine working in a health house like the one described here? Why/why not?

10b. How does the health house described resemble the health house we are in right now? How does it differ from it?

- 11b. What are the advantages of a health house like the one described here? What are the disadvantages?
12. If you now compare the two houses, how do you think they are different from each other? How/how not?
13. Is there anything about the two houses that is similar? Why/why not?
14. Which of the two houses would you prefer to work in? Why? Why not the other one?
15. Do you think one of the two houses is better able to accommodate the citizen's health than the other? Why/why not?
16. Could you imagine that one of the two health houses would be somewhere citizens would want to go? What is it about the house that makes you say/believe that?
17. How do you think your colleagues would think about these two houses? Is it something they would agree on, or do you think it would generate discussion?

This was all I had to ask you. Did anything come to mind during the interview that you would like to address?

## Interview Guide for Citizens

Briefing/agreements on anonymity and use of interview

1. Can you describe what kind of a place this is (the health house)?
2. Can you describe in your own words what is good about coming to the health house and what is not so good?
3. Can you describe in your own words what it is like to go to the health house?
- 4a. Do you need to have a referral or can you enter "from the street"?
- 4b. How are their opening hours?
- 4c. How did you hear about the health house and their activities?
- 4d. Who do you usually talk to in the health house?
5. Now one should not generalize, but can you try to describe the area in which you live? Who are the people that you typically encounter in your local area?
- 5a. That was about the general picture – Are there also other groups or types of people here? (Inquire into variation, the nuances of perception here)
- 5b. How does this fit in with the people you meet here in the health house?
- 5c. Are there any types of people that you never meet here?
- 5d. Are these the same types that you never encounter in your everyday life?
6. Can you try to tell in your own words about the first time you were in contact with the health house/house/office/. Start from the time you began to think, "here is something that I might need help with" to actually doing something. What happened, what did you do?
7. Can you say anything about what your involvement with the health house means to you?
- 7a. - And what you think it means to other citizens?

I have made a description of a few health houses. They reflect the plans that many municipalities have for their future health houses, but the described municipalities do not actually exist. Here is the first description. Would you like to read it? Just take your time.

### Vignette A: Sønderlev kommunes sundhedshus

Sønderlev kommune has plans to open a health house, which people will be able to come to directly from the street without a referral. The health house will offer smoking cessation courses, diet counseling, rehabilitation, mental health counseling and so on. In addition, the health house will host various social events that are open to all citizens in the municipality. These events, such as joint dinners, lectures, children's playroom, concerts and a 'coffee corner', will be organized by volunteers from, for instance, the Danish Cancer Society, "Sind" and local cultural and sports associations. The municipality would like to recruit staff with different educational backgrounds, e.g. nurses, physiotherapists, occupational therapists, psychologists and dieticians. The staff will work in close cooperation with each other and with the volunteers, who are also based in the house. It is the intention that the health house will have room for exhibitions from local artists, schools and kindergartens.

- 8a. Could you imagine going to a health house, as described here? Why/why not?
- 9a. How does the health house described resemble the health house we are in right now? How does it differ from it?
- 10a. What are the advantages of a health house like the one described here? What are the disadvantages?

I also have a description of another health house. Would you read this too? Again, you must remember that it is a fictional municipality that does not actually exist. Just take your time.

### Vignette B: Mårsgaard kommunes sundhedshus

Mårsgaard municipality also plans to open a health house. It will be situated next to the city gym and will consist of a number of small clinics, including a general practitioner, a rehabilitation clinic with physiotherapy, a dietary advice clinic and a psychologist practice. The health house will be a place where health promotion activities are gathered under one roof. In addition, the municipality will make a series of premises available, which citizens will be able to get involved in, e.g. a cafe, a gallery, a shelter or whatever is of interest to the public. The health house will always be open, but you will need a referral to go to the clinics, for example from a general practitioner or a municipal social worker.

- 8b. Could you imagine going to a health house like the one described here? Why/why not?

9b. How does the health house described resemble the health house we are in right now? How does it differ from it?

10b. What are the advantages of a health house like the one described here? What are the disadvantages?

11. If you compare the two houses, how do you think they are different from each other? How/how not?

12. Is there anything about the two houses that is similar? Why/why not?

13. Which of the two houses were you best able to see yourself in? Why? Why not the other one?

14. Do you think one of the two houses would be better able to promote your health than the other? Why/why not?

15. Could you imagine that one of the two health houses would be a place you would want to go to? What is it about the house that makes you say/believe that?

I would also like to hear a bit more about who you are and what your background is:

16. Where do you live?

17. Do you have an education and if so, what is it?

18. Do you have a job now and, if yes, what is your job?

19. What do you do in your spare time/daily life? (For those who do not have a job)

20. If you got an extra day, what would you like to do with it?

21. May I ask you what your reason was for going to the health house today?

This was all I had to ask you.

Did anything come to mind during the interview that you would like to address?

## Appendix 4: Observation Guide

Time:		1. Observation The site "Place of spatial order/structure"	2. Observation People on site "person gallery"	3. Observation Interactions "the life of the site"	
1: Observation, 20 minutes	Description:	Notes	Notes	Notes	
2: Observation, 20 minutes	<ul style="list-style-type: none"> <li>• Sequence</li> <li>• Density (e.g. interactions and activity)</li> <li>• Accuracy!</li> <li>• Remember times!</li> <li>• Measure: "the living memory"</li> </ul>				
3: Observation, 20 minutes					
4: Field notes are written in a form that readily allows import into QSR (NVivo)	Reflexivity:  Everything that has to do with your position/interaction on site. "About how the description came into being"	Notes	Notes	Notes	
5: Contact citizens and ask if you can talk to them					
6: Use the interview guide to complete the interview	Analytical comments:  "All interpretations and added meanings that are beyond what you can observe directly"	Notes	Notes	Notes	

## Appendix 5: Coding, Memo and Field Note Content

Form of data condensation	References	Content	Number of references
Field note	S2, Z1, Z2, M1, C1, N2, N1, C3 M4, S4, M5, M3, M2, N3, S1, Z4, Z3, S3, C2	Describe 1. Place of spatial order/structure, 2. Person gallery and 3. Interactions at sites regarding the following dimensions: Sequence, density (e.g. interactions and activity, times at the site. Measures "the living memory", reflexivity as everything that has to do with the observer's position and interaction on site, reflections about how the description came into being. This also includes analytical comments, such as interpretations and added meanings that are beyond what you can observe directly.	19
Memo	N2.25, C3.3, M1.35, C1.55, Z2.10, Z1.20, Z1.21, N1.22; S2.48, Z2.9, N2.24, C3.4, S2.47, N1.5, N3.29, M3.41, N3.28, M5.40, M2.32, M3.42, M2.33, M4.37, M4.38, M4.39, M3.43, S4.54, M5.57, Z4.17, C2.6, C2.5, Z3.13, Z3.12, S1.45, S3.49, 16.Z4, S1.56, C1.1, Z1.18, Z1.19, N2.23, M1.34, S2.46, C3.2x, C3.2y, Z2.7, Z2.8, N3.26, N3.27, M2.30, M2.31, M4.36, S4.50, S4.51, S4.52, S1.44, Z3.11, Z4.14, Z4.15	Describes main points from the interview regarding the respondent's reasoning and incentives to act and reflect in relation to the health house and its settings. This includes reasoning about the impact of organization on professionalism, as well as what kind of citizens and health professionals, respectively, the respondents would prefer to encounter in the health house.	54
Code	Health house activity	Description of job function and the work place, including both organizational and occupational activities, and duties (professionals); Descriptions of purpose of visits and of what is being done (citizens).	105
	Daily routines	Description of a typical work day (professionals) and a typical day (citizens).	83
	Professional identity	Contain descriptions of respondents' descriptions of themselves as health professionals, using categories of consultancy, network, bridge building, lifestyle and change.	68
	Professional discourse	Contain linguistic use of words associated with occupation, expert, knowledge and colleagues.	285
	Medical discourse	Contain linguistic use of words associated with the medical field, such as hospitals, doctors, treatment, sickness and patients.	118
	Health promotion	Contain descriptions and definitions of health promotion, including demarcations of the difference between rehabilitation, treatment and health promotion.	81
	Health house preference	Contain evaluative descriptions of the respondent's own health house.	78
	Vignette preference	Contain evaluative descriptions of the vignettes presented to the respondent during the interview.	527



## Appendix 6: Distribution of Health Houses and Interview of Persons on Type of Health House

Data source		Medical-clinical	Community-based	Mix	Total
Observations	Health houses	<p>S2, Z1, Z2, <b>M1</b>, C1, N2, N1, C3</p> <p>Typically located in disused hospital buildings or municipal buildings with parking lots. As hospitals and other larger public buildings, they also have maps of the buildings at the entrance. These houses are centrally located and easier to find than community-based health houses.</p>	<p>M4, S4, M5, M3, <b>M2</b>, N3</p> <p>Typically located close to other buildings, such as kindergartens and sports halls. Many houses have outdoor facilities, such as a basketball court, a barbecue area and a large playground. In general, they are centrally located, though much more difficult to find and not part of the municipality's 'public map', as the medical-clinical health houses are. Some houses have a reception, but many do not even have a real assembly point. They have a café room with tables, chairs and couches.</p>	S1, Z4, Z3, S3, C2	19
Interviews	Health professionals	<p>N2.25, C3.3, <b>M1.35</b>, C1.55, Z2.10, Z1.20, Z1.21, N1.22; S2.48, Z2.9, N2.24, C3.4, S2.47, N1.58</p> <p>Tend to have a more clear line of authority compared to community-based health houses. Hierarchical line of authority characterized by a transparent 'chain of command', e.g. visible at the entrance of the buildings. Citizens are met by a classic frontline desk designed to 'process people' through the physical setting, doors and rooms.</p>	<p>N3.29, M3.41, N3.28, M5.40, <b>M2.32</b>, M3.42, M2.33, M4.37, M4.38, M4.39, M3.43, S4.54, M5.57</p> <p>Tend to be organized more 'flatly' and in line with an assembly house and with one manager taking care of the facilities and the coordination of activities in the house.</p>	Z4.17, C2.6, C2.5, Z3.13, Z3.12, S1.45, S3.49, 16.Z4, S1.56	36
	Citizens	<p>C1.1, Z1.18, Z1.19, N2.23, <b>M1.34</b>, S2.46, C3.2x, C32y, Z2.7, Z2.8</p>	<p>N3.26, N3.27, <b>M2.30</b>, M2.31, M4.36, S4.50, S4.51, S4.52</p>	S1.44, Z3.11, Z4.14, Z4.15	22

Cell content = observations and interview. Selected health houses, health professionals and citizens in bold.

\* Health centers and respondents are anonymous. The letters indicate the region (N = north, M = mid, S = south, C = capital and Z = Zealand). The first number replaces the name of the health house. The second number replaces the name of the respondent.