

**Healthy Regions – When Well-being  
Creates Economic Growth  
2007 - 2010**

**Final Report  
Östergötland - Örebro, Sweden**

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## Preface

The Healthy Regions project has been made possible through financial support from the European Public Health Programme. The project is of particular value if you are working within health and health promotion in a local or regional authority and would like to work more strategically.

The philosophy behind the Healthy Regions project is that health should be seen as an investment and that good health, together with education, is one of the underlying building blocks for regions to create economic growth.

In this report you will find examples of methods, tools and guidelines from Östergötland - Örebro to assist the development of long-term perspectives for strategic investment in health and health promotion.

We would like to thank our steering group, networks and working groups in Östergötland and Örebro as well as our cooperation partners for a fruitful collaboration during 2007 – 2010, making the Healthy Regions project such a successful project.

We hope you find this document educational and valuable. If you have any questions, please do not hesitate to contact us.

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## 1. Summary

Healthy Regions is a project funded by the Programme of Community Action in the Field of Public Health. For a period of three years, six European regions have worked together to create a new concept that shows how a preventive, holistic and streamlined focus on health and well-being at regional level can be an economic and social growth factor. The Healthy Regions project ran from November 2007 until September 2010 with the comprehensive goal of putting public health on the European political agenda.

The six participating regions are:

- South Denmark Region (Lead partner)
- The region of Östergötland - Örebro, Sweden
- Sleswig-Holstein, Germany
- South-west Region, England
- Brussels, Belgium
- The region of Veneto, Italy

The work of the region Östergötland - Örebro has been led by the Östsam Regional Development Council in cooperation with the County Councils of Östergötland and Örebro. Östergötland's and Örebro's regional cooperation partners have primarily been the municipalities in the regions. Läns-Slako has functioned as a political steering group for the project in Östergötland. The steering group of Örebro consisted of five members from three different political parties, representing two political committees.

The concept of the Healthy Regions project sets out three key themes that underpin the idea of health as an investment:

- Investing in citizens' good health saves public money, as it is cheaper to prevent than to cure
- Healthy citizens are a precondition for innovation and growth
- Judicious and strategic investments in health as a business sector can lead to innovation and new areas for regional development and knowledge, creating employment and economic growth.

A change of mindset and the strategic view on health investment from "something we *have to deal* with because citizens do get sick from time to time" to "something we *want to deal* with because the well-being of our citizens makes our region grow and develop" supports the overall philosophy of the Healthy Regions project; namely that health in many ways can become a factor to create economic growth.



## Results of the Healthy Regions project

During the project, the public health work in all six participating regions has been mapped, strategies and methods have been developed and regional projects have been highlighted as good examples and new ideas.

### Joint results

The Framework Paper

The Growth Need Pyramid

Methods

- Health Competencies
- Health as a Business sector
- Healthy Settings

Tools

- Dialogue Tool
- Mapping tool
- Traffic Light matrix

A Pilot Project Catalogue

Practical experiences from the regions

### Results from Östergötland – Örebro

Public health mapping of Östergötland and Örebro

Participation in the Public Health Political Process in Östergötland

Film about the Health Determinant Factors

Regional Project Catalogue for the Public Health Sector in Östergötland (one Swedish and one English edition)

Health promoting integration activities (Östergötland)

Participation in the network of Local Public Health Agreement (Örebro)

National and regional conferences and seminars in Östergötland and Örebro

Carried out and presented different projects:

- Extended Classroom
- Multicultural Health Counsellors
- Experience Omberg
- NaKuLiv
- The Dance project
- Intercultural meetings
- Ecce homo

As a final result of the Healthy Regions project a film has been produced describing the result of the project as a whole.

More information about the project is to be found on the Östsam Regional Development Council's website [www.ostsam.se](http://www.ostsam.se) and the Healthy Regions project's website [www.healthyregions.eu](http://www.healthyregions.eu) .

## 2. Introduction

### 2.1 Sweden

Sweden has one of the highest life expectancies in the world (78 years for men and 83 for women in 2008). Sweden is a large country (4/5 the size of Spain) with a small population density, and just over 9 340 000 inhabitants in 2010 ([www.scb.se](http://www.scb.se)). Twelve percent of the population is foreign-born.

Sweden has three democratically elected levels of government, all with their own powers and responsibilities: the Riksdag (Swedish Parliament) at national level, 21 county councils at regional level and 290 municipalities at local level ([www.sweden.se](http://www.sweden.se)). The Riksdag passes legislation and decides on state revenue (taxes) and expenditure. County councils and municipalities have their own decision-making and tax-levying powers.

Municipalities have a significant degree of autonomy and administrate local matters such as compulsory and upper secondary education, pre-school, elderly care, roads and water, waste and energy. The chief purpose of the county councils is to manage healthcare. County councils are also responsible for the planning of dental care.

### Public health - organisation and policy

#### *Organisation*

The Government and Riksdag are the main actors for establishing laws and action plans within general economic policy, taxes and transfers and the extent and financing of social services, as well as determining, for example, alcohol and tobacco policy. The Swedish National Institute of Public Health (SNIPH) plays a central role in the coordination of public health work at the national level.

By far the greatest policy responsibility rests with Sweden's 290 municipalities. They take a number of decisions that have a direct effect on people's daily lives. The 21 regions and their county councils are responsible for healthcare services including prevention work. Sweden is divided into 21 administrative counties, each of which has an administrative board. The administrative board coordinates central and local activities in the county. The administrative board has a number of tasks linked to the public health objectives.



## Policy

The overarching aim of Swedish public health policy is to create social conditions that ensure good health, on equal terms, for the entire population. The following 11 domains and health determinants within those domains have been established:

Objective domain Health determinants – principal indicators

1. Participation and influence in society, democratic participation, gender equality
2. Economic and social security, economic conditions, labour market status, secure and favourable conditions during childhood and adolescence,
3. Domestic environment, pre-school environment, school environment, children's and young people's skills
4. Healthier working life, work environment factors
5. Healthy and safe environments and products, air pollution, persistent organic substances, noise
6. A more health-promoting health service
7. Effective protection against communicable diseases, prevalence of infectious matter, prevalence of immunity, prevalence of drug-resistant infectious matter
8. Safe sexuality and good reproductive health, unprotected sex
9. Increased physical activity, physical activity
10. Good eating habits and safe food, good eating habits, energy balance, breastfeeding frequency, food safety
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling, tobacco use, harmful alcohol consumption, illicit drug use, excessive gambling (gambling addiction)

Facts from "Health for all", Swedish National Institute of Public Health, 2008.

## 2.2 Östergötland and Örebro counties

Östergötland has 427,000 inhabitants and is located in the southeast of Sweden, two hours south of Stockholm. East Sweden includes the cities of Linköping and Norrköping, which together form the fourth largest urban area in Sweden. The whole area includes thirteen municipalities. East Sweden is a centre of excellence for aerospace, communications technology, software development and electronics. The University of Linköping has 26,500 students.

Örebro County has 276,700 inhabitants and lies at the demographic centre of Sweden. The County area is 9 700 square kilometers and it is divided in 12 municipalities. The municipality of Örebro is the largest counting 127 000 inhabitants. The largest branches are manufacturing, mining and quarrying; health and social work; trade, transport and communications; education and research. Örebro University has 14,500 students.

Örebro and Östergötland County Councils are authorities elected directly by the inhabitants of the counties. The County Councils are responsible for health and medical care, public dental care, support and services for the disabled. Örebro County Council operates three hospitals and 29 primary care centres. Östergötland operates three hospitals and 43 primary care centres. The County Council of Örebro employs 8,800 people and Östergötland 11,100.

## Websites

Östsam Regional Development Council: <http://www.ostsam.se/>

County Council of Östergötland: [www.lio.se](http://www.lio.se).

Örebro County Council: <http://www.orebroll.se/en/>

The Swedish Association of Local Authorities and Regions <http://english.skl.se/web/english.aspx>

The Swedish National Institute of Public Health (<http://www.fhi.se/en/>).

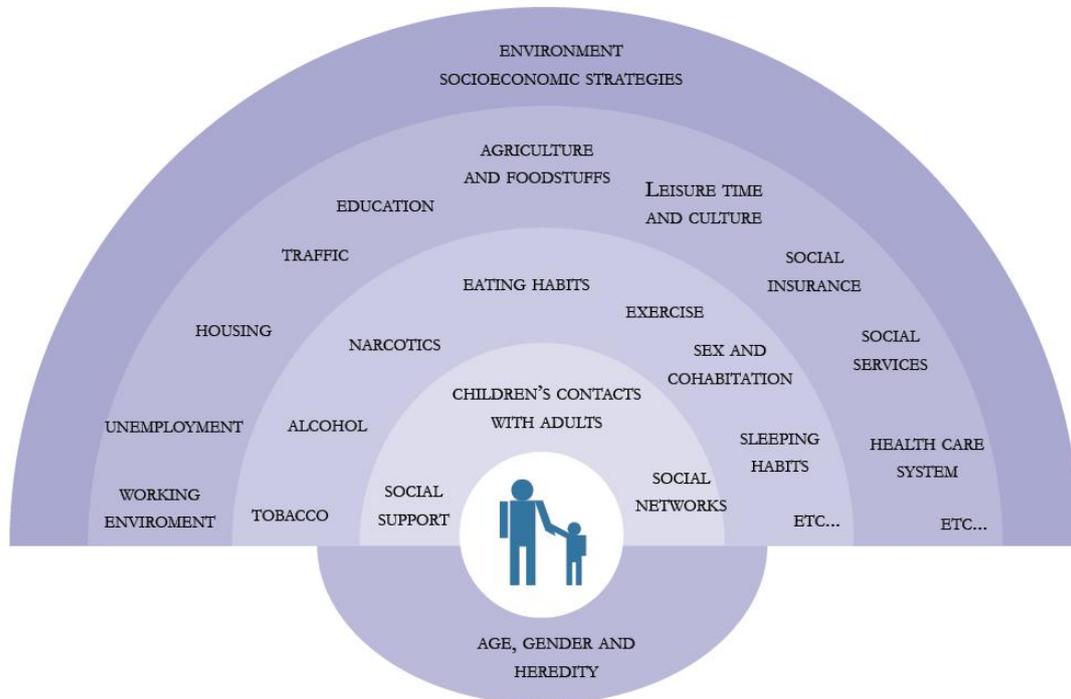
## Public health policies

The public health policy of Östergötland is “The Public Health Political Programme for Östergötland 2001-2010”. <http://lisa.lio.se/templates/Page.aspx?id=4039>

The public health policy of Örebro is the Agreement on Public Health Cooperation in Örebro County (“En god och jämlik hälsa i Örebro län 2008 – 2011”). [http://www.orebroll.se/sv/Halsa-och-  
vard/Folkhalsa/](http://www.orebroll.se/sv/Halsa-och-vard/Folkhalsa/)



The public health work in both regions is based on this perspective and model:



Our health is influenced by many factors, which are decided both by us and by society. The figure shows the interplay between these factors, at different levels, around an individual in society. (Picture adapted from the original of Göran Dahlgren och Margret Whitehead 1991.)

## 2.3 The Healthy Regions project

Healthy Region is a project funded by the Programme of Community Action in the Field of Public Health and has run from November 2007 to September 2010.

The six participating regions are:

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The work of the region Östergötland - Örebro has been led by the Östsam Regional Development Council in cooperation with the County Councils of Östergötland and Örebro. Östergötland's and Örebro's regional cooperation partners have primarily been the municipalities in the regions. The associated and cooperation partners on the regional and national level are described in Appendix 1.

Läns-Slako has functioned as a political steering group for the project in Östergötland. The steering group of Örebro consisted of five members from three different political parties, representing two political committees.

### 3. The Healthy Regions Concept

This part is adapted from the Healthy Regions website – <http://www.healthyregions.eu/process.html>

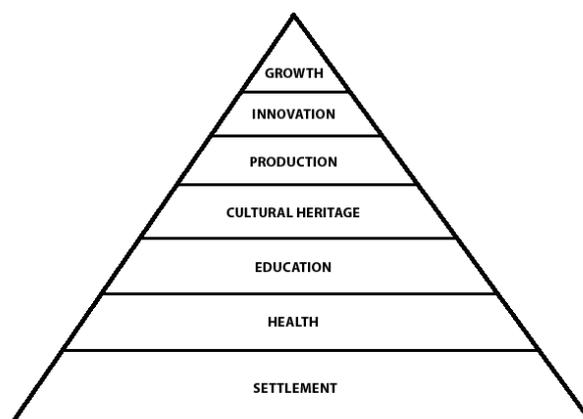
#### The Framework Paper

For a period of 3 years, 6 European regions have worked together to create a new concept for the creation of Healthy Regions that shows how a pro-active, preventive, holistic, democratic and mainstreamed focus on health and well-being at a regional level can be an economic and social growth factor. The underlying principles for the development of the Healthy Regions concept were drawn up in the Framework Paper, which was produced in the very beginning of the project, in order to ensure that the concept builds on relevant European strategies and priorities together with accepted definitions and concept.

Through an active application of the Healthy Regions Concept, health and health promotion can be made a political prestige area, and a region can be able to promote health alongside their social, political and economic agendas. The aim of introducing the concept is to raise the profile of health *across* policy areas and to demonstrate how regions can *contribute* to socially and economically *sustainable* growth through a focus on health and well being.

#### The Growth Need Pyramid

Health is too often considered a cost and not a resource for the region. The Healthy Regions concept addresses this issue by taking the opposite view, namely that public health – as shown in the growth needs pyramid in Figure 1 below - is a fundamental factor for innovativeness, and that regions through a strategic focus on public health can save money and create economic growth simultaneously. It tries to see public health together with regional development more from a bottom-up process than the traditional top-down process. The expected outcome of the project is that the focus on health investments is changed from “something we *have to deal* with because citizens do get sick from time to time” to “something we *want to deal* with because the well-being of our citizens makes our region grow and develop”

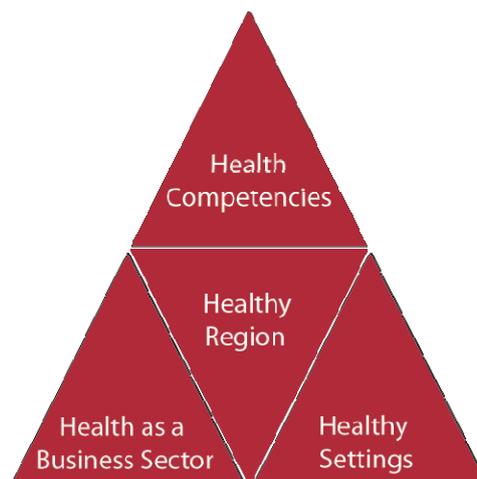




## Methods

The Healthy Regions Concept shows how regions can work strategically with public health, and in this way 1) create well-being and health for the citizens through the application of the “setting approach” and a close co-operation with these settings, 2) make the region a “healthy region” , i.e. a region where politicians make more pro-active and positive health investments, one which has a good image and where people from other regions would like to live, 3) more effective use of regional resources and 4) make public health and well-being a regional economic innovation / development potential and growth factor for the region.

First of all, the region creates a regional image, which takes the individual’s and the families’ well-being seriously and therefore is an attractive place to live. Secondly, the region saves money on combating health problems and health inequality. Thirdly, the region creates economic growth through a serious development of health-related industries and innovative activities. Based on discussions and practical work within the partnership, together with the innovative approach that the project has had, namely to see health and regional development as two interacting areas instead of two separate ones, the draft of a Healthy Regions Concept is illustrated below.



The concept shows how a region can work in a holistic way to be considered a “Healthy Region” within the following areas:

### 1) Health as a business sector

This area focuses on the regional development potential within the health sector, i.e. whether the region has a strategic view of the regional key competencies within health, development potentials and possible areas within the health sector with growth potential in terms of the creation of new employment, understood broadly as e.g. hospitals, medico, e-health, “Healthy Tourism” etc.



## 2) Health Competencies

This area focuses on institutional health competencies, i.e. how the region cooperates with local communities, how the region and local communities work strategically with health promotion, and how they plan, execute and evaluate health promotion activities.

## 3) Healthy Settings

This area focuses on the activities close to the citizens and the infrastructures that are used to implementing concrete health promotion activities. Is there a close link between the regional health strategy and the concrete health promotion and disease prevention activities implemented in settings close to the citizens?

## Tools

The Healthy Regions project has produced tools to support all 4 parts of the triangle:

**Dialogue tool:** Kick-starts the process to start focusing on how a region can become a “Healthy Region” and will focus on the broad understanding of competencies. Other available tools like the Verona Benchmark, Partnership tool etc. can be used as a supplement to this tool, for instance to go deeper into an analysis of the overall strategic health situation in the region.

<http://www.healthyregions.eu/healthyRegion/regions.html>

**Mapping tool:** Provides an overview of specific institutional health competencies on a local level.

**Traffic Light Matrix:** The use of the Traffic Light Matrix provides a strategic and focused view on health as a business sector, and will help us to remain the innovative aspect of the project, namely to combine health with regional development.

<http://www.healthyregions.eu/businessSector/business.html>

**Pilot projects catalogue:** This catalogue gathers many examples of public health pilot projects from the participating regions that have been implemented and, in some situations, also evaluated.



#### 4. The dissemination of the project

We have had several meetings with both our collaborating and cooperation partners since the start of the project. We have also attended and informed about the project at several conferences at both the regional and national level. For example at:

- 9<sup>th</sup> Nordic Public Health Conference in Östersund, Sweden 9<sup>th</sup> – 12<sup>th</sup> June 2008
- Seminar at the Partner meeting in Linköping, Sweden 22<sup>nd</sup> September 2009
- National Conference in Örebro on democracy and public health 26<sup>th</sup> - 27<sup>th</sup> August 2009.
- Conference “Östergötland - a Healthy Region” 28<sup>th</sup> January 2010

At the start we produced a brochure to disseminate information about the project in the regions and to the national partners. We have also written a report in Swedish, “The Healthy Regions project from November 2007 to December 2008”. The brochure and the report have been a good help for the dissemination process.

Another way to disseminate the Healthy Regions project has been through the website of Östsam Regional Development Council <http://www.ostsam.se/article.asp?id=40> and the Healthy Regions website [www.healthyregions.eu](http://www.healthyregions.eu).

As a final result of the Healthy Regions project a film has been produced describing the result of the project as a whole.





## 5. Working together in the region

### 5.1 Östergötland and Örebro

The “working together” process in our region has been divided into the work we have carried out in Örebro and Linköping. The meetings, mails and phone conversations between the project coordinator and the project managers occurred mostly on a daily basis and we have experienced a good understanding and a fruitful cooperation.

At the beginning of November 2008, Östergötland and Örebro arranged an excursion to the NaKuHel- Centre in Norway for a group of artists, cultural workers and employees within the health sector. The NaKuHel Centre outside Oslo is a foundation working to incorporate cultural and leisure activities in public health work. It is open for everyone and is a very successful enterprise that has been operating for 12 years. The concept of nature, culture and health working together is an idea that several municipalities in Norway try to develop. The group “Experience Omberg” (“Upplev Omberg”) in the Municipality of Ödeshög in Östergötland has been inspired by the Norwegian NaKuHel concept. The study trip was a success and inspired many good ideas. Read more about NaKuHel on [www.nakuhel.no](http://www.nakuhel.no).

### 5.2 Östergötland

#### Organisation

##### *Steering group*

The political steering group in Östergötland, “Läns-SLAKO”, consists of political representatives from the county council and the municipalities. The steering group has had several meetings and interesting discussions about the project.

##### *Public Health Network*

An important network has been the “Public Health Network for the County Council of Östergötland and the municipalities in Östergötland”. The project managers worked closely with this network to develop the Healthy Regions project in Östergötland.

##### *Regional EU network*

The project managers in the Healthy Region project were also part of a network that included all EU projects and international cooperation in the County Council of Östergötland.





## Activities and results

### *The public health political process in Östergötland*

In 2001 the municipalities and County Council of Östergötland adopted a common public health political programme for the period 2001 – 2010. In September 2009 the Östsam Regional Development Council began a new process regarding public health, both on assignment from and with the support of the member organisations. The process has resulted in a new policy for Östergötland entitled “Public Health Political Policy for Östergötland 2011-2014” and is valid from 2011.

### *Vision*

“Östergötland – a Healthy Region 2020”

### *Goal*

- Improve conditions in society for sound and equal health for all
- Increase the number of years of one’s life with sound health and life quality
- Balance out the differences in health through strengthening the health of those most vulnerable

The Healthy Regions project has been very closely linked to the work for the new policy for public health and some of the results from the Healthy Regions project have benefitted the policy ground-work. During the process there have been about 50 meetings and seminars for the politicians, public health workers and other civil servants. The project coordinator in the Healthy Regions project, Britt-Louise Nilsson has been one of the project leaders during the process.

<http://www.ostsam.se/article.asp?id=42>

### *Film about the Health Determinant Factors*

A film has been produced about the Health Determinant Factors (see 2.2) in cooperation with the working group for the public health political process sponsored by the Swedish National Institute of Public Health.

### *The Regional Project Catalogue of Östergötland*

In order to create a Regional Project Catalogue for Östergötland in the area of public health, projects, methods and working practices from the County Council and municipalities, within the time-frame autumn 2009 to August 2010 have been collected and compiled in a regional catalogue. The purpose of the project catalogue is to disseminate information about public health work within and between municipalities and the County Council as well as increase the cooperation between the organisations involved. Another purpose is to disseminate information and invite continued cooperation in the Healthy Regions project. In total, 15 projects are presented in the Regional Project Catalogue of





Östergötland. Nine of them have been selected, translated and published in a special English edition of the catalogue.

### *Project: Experience Omberg (Upplev Omberg)*

The project coordinator Britt-Louise Nilsson has worked together with a cluster of entrepreneurs in the project "Experience Omberg" to implement the results of the tool Traffic Light Matrix and to develop the concepts of nature, culture and health.

The project idea behind "Upplev Omberg" (Experience Omberg) is to develop tourism-related businesses in the countryside of Omberg (a place of outstanding natural beauty) with a focus on nature, culture and health through a business network approach. The aim of the project is three-fold: to increase the possibility of work and enterprise; increase the area's competitiveness through incorporating nature, culture and health; and finally to improve the quality of life in the environs of Omberg.

### *A Healthier Ödeshög 2010*

The cluster of entrepreneurs in "Experience Omberg" started a special project to inspire the citizens in the Municipality of Ödeshög to attain a healthier lifestyle. There are many organisations working together in this project: health care centres, dental health care, the political organisation of the municipality, entrepreneurs and NGOs. A lot of activities are arranged to make the citizens live a healthier life, to do things together and to get a "together-feeling". All these organisations have different aims: the politicians want healthier citizens; the health care centres want to show how you can live a healthier life; and the entrepreneurs want to inspire new customers to purchase health-related products and events. The goal is that these activities will lead to new entrepreneurs, development in the municipality, healthier citizens and economic and social growth.

### *Health-promoting integration*

A folder "On the path to successful integration!" has been produced about the regional cooperation for newly arrived immigrants' establishment in Östergötland. The work in the region has a health-promoting perspective and one of the results is the project "Multicultural Health Counsellors" which is presented in the Pilot Project Catalogue.

[http://www.ostsam.se/files/350\\_Eng%20broschyr%20Östergötlands%20integrationsarbete%202010.pdf](http://www.ostsam.se/files/350_Eng%20broschyr%20Östergötlands%20integrationsarbete%202010.pdf)

In January 2010 the ERLAI –network carried out a seminar entitled "Migration: a challenge for more equality in health" in Brussels. Birgitta Larsson at the County Council of Östergötland participated in the seminar through presenting Östergötland's investments in health-promoting integration and the work of Multicultural Health Counsellors. [http://www.ostsam.se/sphere\\_int\\_erlai.asp](http://www.ostsam.se/sphere_int_erlai.asp)

*For further results please refer to 6.2 Pilot Projects from Östergötland.*





## 5.3 Örebro County

### Organisation

After the very first partner meeting, the “kick off” gathering in Vejle in the autumn of 2007, the greatest challenge was to establish an organisation for continuing the work regarding the project Healthy Regions within the County Council of Östergötland as well as within the County of Örebro and to encourage and motivate our cooperation partners. This was a process that included delivering speeches to political committees, participating in meetings and conferences and starting a dialogue with the parties concerned within the County Council. Due to a recent reorganisation this was not a very easy task at that time, especially at the beginning, however once the initial problems were solved, we were able to work out good solutions.

### Regional Network

An important first successful step was a “kick off” meeting together with the cooperation partners in early April 2008 when we founded the regional network of Healthy Regions. This network has met approximately twice a year and the network consisting of about 20 members, represents different sectors like the health sector, cultural affairs and adult education and I believe there is a good chance that this network is going to continue to meet even after the end of the Healthy Regions project.

#### *Steering Group*

During the first year of 2008 both a steering group and a working group were established within the County Council. The steering group, consisting of five members from three different political parties and representing two political committees, have met with continuity from November 2008 until September 2010.

#### *Working group*

The working group consisted of five employees working in three various departments within Örebro County Council, representing the Executive Office, the Department of Community Medicine and Public Health and Centre for Health Care Sciences. After the appointment of the working group as well as the steering group, the project was firmly grounded. During the summer of 2009 the project leader changed workplace to the Department of Community Medicine and Public health and this alteration offered excellent communication and cooperation possibilities with the public health strategists and other members of the New Agreement on Public Health Cooperation in Örebro County. The working group have met on a regular basis and have worked together on various subjects like the Healthy Regions tools, conferences and the development of other projects.





## Activities and results

### *A Local Public Health Agreement*

A local public health agreement exists between Örebro County Council and four county districts. Furthermore, the Örebro County Council has also signed an agreement with the Swedish Sport Confederation, Örebro County. Moreover, a new agreement was signed between Örebro County Council and The Alliance for Adult Education in Örebro.

The agreements offer a forum for employees and experts working in the field of public health, together with employers who work with health promotion from different perspectives like sport and physical training, culture and adult learning. The network assembly meets two or three times a year for debate, education and strategic planning. From 2008 the Healthy Regions project was included within this network.

### *National conference in Örebro*

The Healthy Regions working group got involved at an early stage in arranging a national conference in Örebro on democracy and public health. The topic was inspired by the discussions in the working group. Everyone from the working group gave lectures about the Healthy Regions project, about the dance-project and the work with issues of public health work on a regional basis. The chairman of the working group held a speech on public health and democracy. It was a two-day conference and a stimulating forum for public health issues. The conference was held on 26<sup>th</sup>- 27<sup>th</sup> August 2009.

*For further results please refer to 6.2 Pilot Projects from Örebro.*





## 6. Using the tools from the project

### 6.1 Framework paper

South West, UK led the activity with the Framework paper. The paper stated the platform and reflects the perspective of the Healthy Regions project and has been very important for the possibility to engage partners and to develop activities in the project.

### 6.2 The Pilot Project Catalogue

The Pilot Project Catalogue contains examples of different pilot projects which partners within the Healthy Regions project have carried out. The intention of the catalogue is to exchange ideas and experiences within the partnership, in order to enforce a European dimension and co-operation. The design of the catalogue was the responsibility of the Swedish regions. (See [www.healthyregions.eu](http://www.healthyregions.eu) for all projects in the catalogue).

#### Pilot Projects from Östergötland

##### *Extended classroom*

The project is aimed at teachers in the later years of compulsory school, years 7–9, primarily those teaching mathematics, science and technology. In the first year, eight full days were held for each subject. Year two will present thematic work, which can be carried out with pupils directly. The objective of the project is to give teachers at this level the tools needed to teach outdoors. All activities are tied to the curriculum and subject syllabuses. This is a concrete project, which demonstrates how to improve our children's health by adding movement to schoolwork. In the project, teachers are trained in carrying out classes in places other than the classroom, particularly outdoors. The teachers should develop a sense of security in teaching outdoors as well as seeing examples of how to work outdoors. From a learning perspective, this knowledge can be applied in outdoor education to provide many healthy hours outdoors for children and youths.

##### *Multicultural healthcare counsellors in Östergötland County*

The aim of the project is to reach individuals, i.e. newly arrived refugees and other immigrants and ethnic groups at risk from "ill-health". The aim is also to create conditions for better health for citizens in the county, and to reduce the health differences that may exist between different groups. Five healthcare counsellors were engaged in the project and covered the geographical area of the county of Östergötland.

Project period: April 1<sup>st</sup> 2006 – December 12<sup>th</sup> 2008. From 2009, the project is now an established operation.





## Pilot projects from Örebro

### *NaKuLiv (Nature, Culture, Life)*

The project aims to increase awareness of the connection between life conditions, living habits and health, and to show how everyone can influence their own health. The project focuses on the importance of nature and culture of human health. NaKuLiv is a 3-year public health project, representing a collaboration between The Alliance for Adult Education in Örebro and Örebro County Council.

Project period: February 2006 to December 2008. Geographical area: Örebro County.

### *Influencing adolescent girls' wellbeing with creative dance twice weekly. Randomised, controlled study (The Dance project)*

The aim of this study is to evaluate if creative dance twice weekly can influence girls' wellbeing. The focus is on girls 13-18 years old that suffer from reputedly psychosomatic problems and/or stress. The background is that recent research has found an increasing prevalence of psychological health problems among children and adolescents, especially girls in Örebro County. The prevalence of girls with repeated psychosomatic problems has reached the level of almost one third.

The specific objectives are:

- to assess the effect of the dance intervention in reducing or preventing psychosomatic problems (such as pain in the head, neck, shoulder or stomach), stress and depression
- to determine which factors are important for continuing dancing and keeping up new habits
- a cost-effectiveness analyse of the health outcomes

The Dance project is a 3-year research study, a collaboration between The Centre for Health Care Sciences in Örebro County Council and School Health Care in Örebro Municipality. Project period: May 2008 to June 2011. The study has been carried out as planned with few dropouts and a response rate of 84 %. The dance group had significant lower frequency of visits at the school nurse compared to the control group. However, the analysis of further data is still in progress.

### *Intercultural Meetings – Complementary Language Education for Medical Doctors and Dentists*

“Intercultural Meetings” is a pilot project on a small scale. It took place during the autumn 2009. The overall objective was to offer complementary language training for recently employed medical doctors and dentists from abroad, working within Örebro County Council, Sweden. A specific objective was to try out a method: we believed that getting the chance to visit art institutions and engage in cultural activities would deepen and improve the communication ability for the employees, with regard to both patients and colleagues. Through meetings with artists, heads of cultural institutions and cultural workers, we wanted the foreign physicians to achieve a greater understanding of the inter-relationship between culture, language and society. The geographical coverage was Örebro County.



*Ecce homo – Se människan - focus on the human being*

“Ecce homo” is an on-going project that combines art and art exhibitions with lectures concerning culture and health. It’s a broad cooperation between Örebro County council, The University of Örebro, Konstfrämjandet Bergslagen (a non-profit Swedish association for Art in Society), the Swedish Church and several other organisations. Every year in February the collaborators arrange an art exhibition in the Church of Nicolai assembly and the exhibition offers many opportunities for reflections, discussions and debate on various issues concerning the human condition, culture and health. It is an on-going project, every year the same and still different, in 2011 the exhibition is going to be arranged for the fifth time.

### **6.3 Public Health Map of Östergötland and Örebro**

#### **A Public Health Map**

The tool “Dialogue tool” kick-starts the process to start focusing on how a region can become a “Healthy Region”, and focuses on the broad understanding of competencies. The use of the Traffic Light Matrix tool provides a strategic and focused view on health as a business sector.

Östergötland and Örebro have both used the tools Dialogue Tool and Traffic Light Matrix for the public health mapping of Östergötland and Örebro. The regions received generally good results from the use of the tools. The tools opened up a dialogue about public health amongst politicians, public health advisers and strategists throughout the counties.

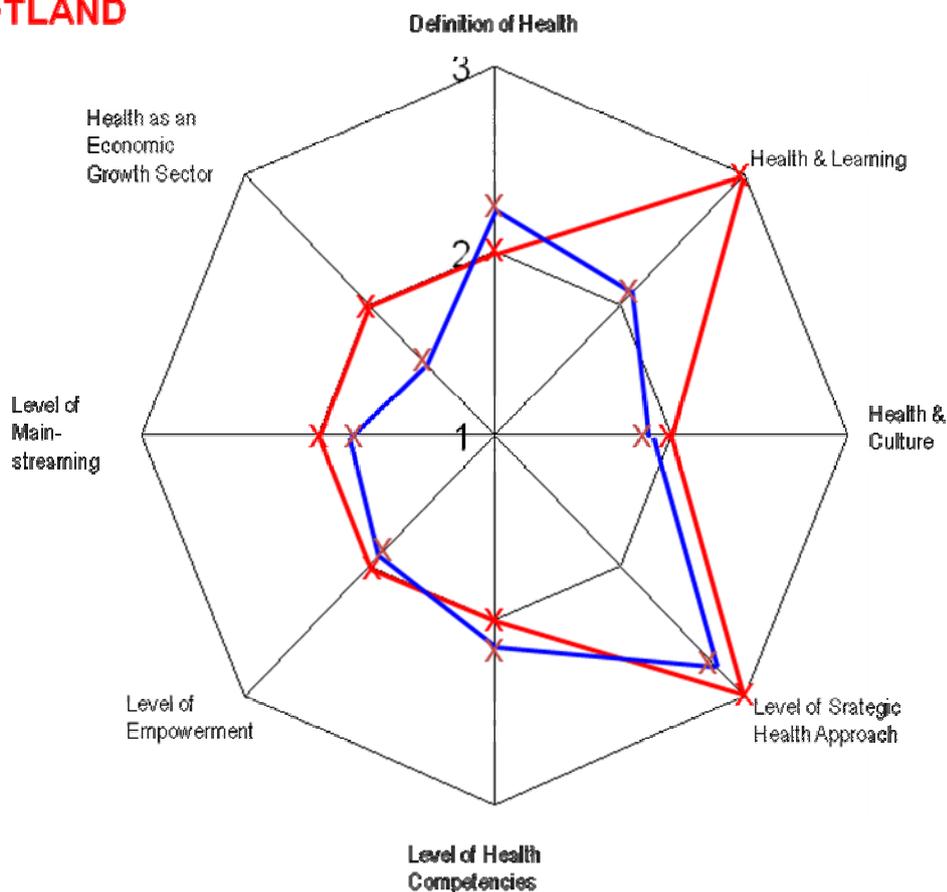
The conclusion was that the weakest field is health as an economic growth sector. That proves that the project “The Healthy Regions -When Well-being Creates Economic Growth” was indeed required.





The Health Spider Web – Östergötland and Örebro is a result of the use of Dialogue tool.

## The Health Spider Web ÖSTERGÖTLAND ÖREBRO



**Disclaimer:** The contents of this document reflect the views of the author. The European Commission is not responsible for any use that may be made thereof.



Executive Agency for Health and Consumers

The Healthy Regions project is partly financed by the EU Public Health Programme.  
[www.healthyregions.eu](http://www.healthyregions.eu)



## Traffic Light Matrix

- Green:** this aspect clearly contributes to economic growth
- Amber:** this aspect contributes little to economic growth
- Red:** this aspect does not contribute to economic growth.

## Summary of the results in Östergötland:

	Business opportunities, current situation	How will it contribute to economic growth
<i>Health Culture and Nature</i>	○	○
<i>Health and learning</i>	○	○
<i>Health Tourism</i>	○	○
<i>Healthy food</i>	○	○
<i>Health rehabilitation – independence aid technology</i>	○	○
<i>Health facilities</i>	○	○
<i>Health Regional Branding</i>	○	○





## Summary of the results in Örebro:

### Health Promotion



*Employment growth or decline:*

Increasing Adult Education

*Strategic significance:*

The Public Health Agreements

*Enterprise innovation investment:*

Increasing

### Public Health Care



*Employment growth or decline:*

Likely to decline due to increasing privatization

### Private Health Care



*Employment growth or decline:*

Increasing focus on women's entrepreneurship

*Strategic significance:*

Nutek – the Swedish Agency for Economic and Regional Growth's Assignment for forming a national strategy for entrepreneurship and diversity in health care and care service

*Enterprise innovation investment:*

Increasing

### Medical, Pharmaceutical and Biotech Life Science



Extent of employment:

Low level in Örebro

### Education to the Health Care Sector



*Extent of employment:*

Need of doctors

*Employment growth or decline:*

Increasing numbers of students and university education programs

*Enterprise innovation investment:*

Planning for medical/doctor's training





## Research with focus on health



*Extent of employment:*

Food and Health, Sport and promoting health among children and youth (NCFE), Swedish Academy for the Rights of the Child

*Enterprise innovation investment:*

One question and a problem which goes way back is the lack of ability to translate research results into innovations, activities and enterprise. It is a gap between the university scholars and the entrepreneurs in the society.

## IT Development/Production to the health care industry



## Development/Production of facilities to the health care sector



*Extent of employment:*

Relatively high level in Sweden as a whole

*Employment growth or decline:*

Growth

*Enterprise innovation investment:*

Increasing

*For a full description please refer to the report "Healthy Regions – When Well-being Creates Economic Growth- The Dialogue tool and Traffic Light Matrix".*





## **7. Working together with the international partners**

### **Partner meetings**

It has been a really stimulating experience to work with so many partners from other countries. Most of the direct collaboration has been carried out during the partner meetings and they have indeed been pleasant, effective and stimulating. We have experienced both debate and disagreement; however we have always come to good solutions and functional compromises. During the partner meetings we have also learned a lot from each other and of the specific regions we have visited.

### **Website and Forum**

From the beginning we felt that the Healthy Regions website should have been interactive and that is the general opinion at the end of the project too. We also had some difficulties getting started using the forum, so this has not been used as effectively as it could have been.

### **Pilot Project Catalogue**

Working with the pilot projects for the Healthy Regions Project Catalogue, and reading the other regions' pilot projects and contributions, has been interesting and that way we have gained much experience from the international partners.

### **NGO – Conference in Örebro**

On 27-28<sup>th</sup> October some of us from the Healthy Regions project were engaged to speak at the NGO-Conference in Örebro, and participated in the workshop, "Healthy Regions, the Role of the Volunteering and Civil Society in creating Healthy Regions". Katharine Kelsey, South West England gave a presentation of our project Healthy Regions, Britt Louise Nilsson and Eva Bellsund, Sweden lectured on the concept of NaKuHel and the many opportunities there are for Non-governmental organisations to engage in this field. Thomas Falk, the Head of the Department of Community Medicine and Public Health, Örebro Sweden was the moderator of the workshop. This assignment ended very well, very much a result of the good collaboration spirit within the HR project.

### **Study visit of Swedish partners to the South West, UK, June 14<sup>th</sup> – 17<sup>th</sup> 2010**

The partners from Sweden arranged a study trip together with the UK partners to the partners in South West England in June 2010. The overall aim was to deepen the understanding of how to work related to the Marmot commission "Closing the gap" and also to cooperate further on specific projects going on in England and Sweden related to the concept of "culture, nature and leisure for health". Furthermore it was of great value for the Swedish participants to have personal meetings with the head of public health in the South West and other colleagues to learn about their organisations and overall practice. The study visit took place between 14<sup>th</sup> and 17<sup>th</sup> of June 2010.





## Cooperation with the Danish partners

In August 2010 the Danish partners had a final seminar of the Healthy Regions project. Britt-Louise Nilsson was invited to talk about the public health process in Östergötland and the new policy.

## New cooperation about public health

Östergötland and Örebro are both searching for new cooperation partners regarding EU public health projects. In Sweden there is also an ongoing process for establishing a national network for working regionally with "Closing the gap". Those discussions involve both Örebro County Council and the County Council of Östergötland.





## 8. Personal reflections

### **Britt-Louise Nilsson, Project Coordinator, Östsam Regional Development Council**

I have had the opportunity to be an active part and project-leader in the public health process in the region of Östergötland. The aim of this process was to achieve political unity in the region but also to produce a systematic and long-term approach to improve, on many levels – for example political, public service, and NGO. Public Health is a factor for sustainable development – economic, ecological and social. This process has been an eye-opener for many and we have reached an understanding that Public Health is related to political decisions *and* personal lifestyles.

The result of this process is that the region of Östergötland has a regional policy for health with a vision “Östergötland - a Healthy Region!”

In the southern part of Östergötland a cluster of entrepreneurs under the name Upplev Omberg have started an initiative together to acknowledge that culture and nature are a path to health. They are very active and they have given me an arena where I, together with them, can see and try to implement the results from Traffic Light in practice. It has given me an understanding of how it is to be a small entrepreneur and how important they are in our society.

I have found that to work together in EU projects is very fruitful and gives me a lot of “input” for my practical work but also results to implement in my organization.

To work in this project has given me a lot of new friends and an understanding for the EU-perspective. I feel more like an EU-citizen now but with a Swedish touch!

### **Birgitta Larsson, Investigation Secretary, Research and Development Department of Local Health Care, County Council of Östergötland**

I’d like to begin by saying that the Healthy Regions project has been a successful project. I think the most important result of the project is that the County Council and the Region of Östergötland have come closer to Europe and to the European Union through this project.

I also think that the Healthy Regions project has influenced the regional dimension and highlighted that public health is important in community planning as well as in the development of the region as a whole. I think these results can be seen both at the political level and at the public service level.

As a result of the project, the interest in being part of other new EU projects and forming new links with other European regions has also grown in the region.

Furthermore, I’d like to mention that in Sweden and Östergötland we tend to have a positive and productive cooperation climate with the politicians about public health strategies. This has been the case for the Healthy Regions project too. I think that we have had a good continuous discussion about the development of the Healthy Regions process with our political steering group Läns-Slako,





which has been of great value for the project. At the same time the project has been of good value for the Public Health Political Process in Östergötland.

Next, I would like to point out three concrete results of the project for the County Council of Östergötland and the region: Firstly, I think the Dialogue Tool and Traffic Light Matrix tools (which we have developed and worked with in the project) can be of great value in the upcoming public health work too. Secondly, I hope our production of the Project Catalogues, one for the Healthy Regions project and one for the Region of Östergötland, with a selection of good public health methods and projects can be of good use. Thirdly, I am very glad that our ideas and work in Östergötland within the very important area Health Promoting Integration of newly arrived immigrants could be spread to other European regions.

Finally, from my personal point of view, I have gained a lot of knowledge about public health work and strategies in other European regions and have made many new contacts and friends during the project. It has been a great pleasure working with our Lead Partner Henrietta Hansen and our other partners in the project during these three years.

**Eva Bellsund, Regional Adviser, the Department of Community Medicine and Public Health, Örebro County Council**

My current position is with the Department of Community Medicine and Public Health however my background is in the field of cultural affairs. I joined the Healthy Regions project hoping for an opportunity to further promote the concept of the impact of Nature Culture on Health.

In my view health is not only about living a long life, it's about how we live our lives, and that is the reason why it is important to give people possibilities to take care of their own health and in that respect culture, nature and leisure can be regarded as tools for health promotion. This is my conviction and my mission, so to speak.

I am happy to say that the concept was indeed positively received by our partners within other regions and indeed the Healthy Regions project itself has been a motor for our work at home.

Did we get results? I think we did; the dance project, which I am very proud of, is maybe the main result from Örebro within the context of the Healthy Regions project, but we have accomplished results in other projects as well, combining culture and health. Furthermore, we have pointed out that the relationship between the health sector and the business sector has yet to be developed much further, so we have to keep up the good work also after the project has ended.

One of the challenges when you are involved in an EU- project is how to get other people interested in the project at home. I was able to start a regional network consisting of the collaboration members, representing various organisations and sectors, from artists to people employed in the health sector - a very positive meeting place. After a while one of our leading politicians discovered the project and helped me to establish a steering group and a working group within Örebro County





Council. This proved to be a very good solution for the integration of the project. I am hoping that the regional network Healthy Regions will continue to function even in the years to come.

Participating in the Healthy Regions project has been a great pleasure and a most valuable experience. In my opinion the value and the importance of working together across borders cannot be overestimated. From day one in Vejle in Denmark 2007 the partners have learnt from each other, built up confidence and created contacts for future collaborations.



## Appendix 1

### **Associated and Cooperation partners**

#### **Associated partners**

Östsam Regional Development Council

County Council of Östergötland

County Council of Örebro

#### **Cooperation partners in Östergötland**

New Tools for Health

Östsam Regional Development Council - project coordinator for the introduction of newly arrived immigrants

Linköping University, Centre for Outdoor Environmental Education, Department of Culture and Communication

The Sport Federation Östergötland

Centre for Public Health Sciences, County Council of Östergötland

Public Health Network - County Council of Östergötland and the municipalities in Östergötland

Linköping University, Faculty of Health Sciences and Department for Studies of Social Change and Culture in the project "Twincities"

#### **Participation at the political level**

Läns-Slako – Political Committee for cooperation about health and welfare for the municipalities in Östergötland and the County Council of Östergötland

Östsam Regional Development Council

#### **Cooperation partners in Örebro**

Department of Community Medicine and Public Health, Örebro County Council

Swedish Sport Confederation, County of Örebro

"LänSam" – a health project in cooperation between municipalities in Örebro County and Örebro County Council

Social Insurance Office and Swedish Employment Service, Örebro

“NaKuLiv”, a public health collaboration project between The Alliance for Adult Education in Örebro and Örebro County Council

Centre for Health Care Sciences, Örebro County Council

Örebro Regional Development Council

“NaKuHel” - Nature, Culture, Health Centre in Asker, Norway

Konstfrämjandet Bergslagen - A non-profit Swedish association for art in society

### **Participation at the political level**

Board of Public Health and Medicine, Örebro County Council

Drafting Committee for Economic Growth and Adult Education, Örebro County Council

### **Participation at the national level Östergötland - Örebro**

The National Institute of Public Health

Swedish Association of Local Authorities and Regions



## Appendix 2

### Compilation of factual documents

The majority of reports can be downloaded from the websites belonging to the Swedish National Institute of Public Health [www.fhi.se](http://www.fhi.se), the County Council of Östergötland [www.lio.se](http://www.lio.se) and Örebro County Council [www.orebro.se](http://www.orebro.se)

The public health policy of Östergötland "The Public Health Political Programme for Östergötland 2001-2010" <http://lisa.lio.se/templates/Page.aspx?id=4039>

The public health policy of Örebro is the Agreement on Public Health Cooperation in Örebro County ("En god och jämlik hälsa i Örebro län 2008 – 2011). [http://www.orebroll.se/sv/Halsa-och-  
vard/Folkhalsa/](http://www.orebroll.se/sv/Halsa-och-vard/Folkhalsa/)

Health inequalities - When are health inequalities a political problem? and others. Signhild Vallgård, Köpenhamns Universitet

Health for all? A critical analysis of public health policies in eight European countries. Editors; Christer Hogsted, Henrik Moberg, Bernt Lundgren and Mona Backhands

Hälsa och regional utveckling i ett historiskt perspektiv. Sam Willner, Tema Hälsa och Samhälle, Institutionen för Medicin och hälsa, Linköpings Universitet

Nordisk folkhälsa – en översikt för navigering i det nordiska folkhälsoarbetet

Folkhälsoarbete i åtta kommuner. Sammanställning av studiebesök, Sveriges kommuner och landsting

På väg mot en mer hälsofrämjande hälso- och sjukvård - Statens folkhälsoinstitut

Hälsans betydelse för individens och samhällets ekonomiska utveckling – Bo Malmberg m fl

Ohälsans landskap och regional utveckling

Ekonomiska effekter av sjukdom på individ, familj och arbetskamrater – en kohortstudie

Folkhälsa och ekonomisk utveckling – en analys av sambandet mellan mortalitet och ekonomi i Sverige 1800-2000

Den lönsamma hälsan – Mats Johansson

Hälsa och ekonomisk tillväxt – kunskapsöversikt över sambandet mellan hälsa och ekonomisk tillväxt samt synpunkter på hälsa i ett regionalt utvecklingsperspektiv

EU strategi för hållbar tillväxt

Closing the Gap in a Generation (2008)

Folkhälsofrågor ur ett genusperspektiv (Public health issues from a gender perspective) - Statens folkhälsoinstitut (Swedish National Institute for Public Health) - Anne Hammarström and Gunnel Hensing (2008)

Folkhälsopolitikens målområden i Sverige (2003, 2007/08) (Public health policy goal area in Sweden)

Jämställdhet – människovärde och mänskliga rättigheter (Gender equality – human dignity and human rights) Christina Franzén, Sabina Sjölander and Jack Borgström (2007)

Levelling up (part 2): a discussion paper on European strategies for tackling social inequities in health - Göran Dahlgren, Margret Whitehead

(O)jämsälldhet i hälsa och vård – en genusmedicinsk kunskapsöversikt ((Un)equality in health and healthcare – a gender-based medical, scientific overview) (2007)

Health Promoting Hospitals and Health Services, HPH –(Hälsöfrämjande sjukhus och vårdorganisationer) - nätverkets arbete och rapporter <http://www.who-cc.dk/>  
<http://www.natverket-hfs.se/node/177>

Befolkningsenkäter, kunskapsunderlag och rapporter om hälsöfrämjande och sjukdomsförebyggande arbete i Östergötland och Örebro <http://lisa.lio.se/Startsida/Verksamheter/Folkhalsövetenskapligt-centrum/>

Enclosure 3

**Contact information**

You can find more information on

Östsam Regional Development Council's website:

[http://www.ostsam.se/proj\\_healthy.asp](http://www.ostsam.se/proj_healthy.asp)

Healthy Regions project's website:

[www.healthyregions.eu](http://www.healthyregions.eu)

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**Healthy Regions – When Well-being  
Creates Economic Growth  
2007 - 2010**

**September 2010**

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