Healthyregions
When Well-being Creates Economic Growth

Framework Paper

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Produced within the

Healthy Regions Project

Executive Agency for Health and Consumers

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1. INTRODUCTION

This paper sets out to summarise and direct the common understanding of the Healthy Region project partners regarding how the project will be undertaken. The paper also describes the definition of the various concepts and methods that will be applied within the project. It seeks to scope the most relevant existing policies, knowledge and tools that underpin the current position, to ensure that the project does not 'reinvent the wheel' but, on the contrary, uses this to launch new and innovative work in understanding how regions can be most effective in promoting health alongside their social, political and economic agendas.

Together with the project description, this paper will be the overall 'direction of travel' for the Healthy Regions project.

1.1 Key Principles for the Project's Direction

The direction of the project is underpinned by some key principles that have emerged over the past twenty years from the work of actors in Health Policy at international, European, national *and* regional levels.

1.1.1 The Lisbon Strategy

The Healthy Regions project is designed to enable regions to look at public health initiatives in a strategic way that is more coherent in order to deliver the goals of the Lisbon strategy. In this, the overarching aim 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 Healthy Regions project is aligned with this by developing cross-cutting regional health strategies and implementing and evaluating practical projects that reflect this strategic approach.

1.1.2 Health promotion

The Healthy Regions project is founded on the principles of health promotion. It uses methodologies from this discipline including a healthy settings approach, where physical and social settings, such as schools, workplaces, marketplaces, hospitals, villages and communities etc, serve as supportive environments for health protection and health promotion activities. It will examine and, where relevant, further develop techniques and methods from within the wider discipline of public health, building on existing knowledge developed through related European initiatives. A key feature will be the role of learning both as means of promoting healthy behaviour and as a constituent of well being.

1.1.3 Political and citizen participation

The Healthy Regions project will be committed to the principle of developing *strong political and citizen participation* in promoting health. This approach is in line with *the European Commission's White Paper Together for Health: A Strategic Approach for the EU 2008-2013* which refers to *the Charter of Fundamental Rights*, which in turn refers to *Citizens' Empowerment* and *the importance of participation in and influence on decision-making*. It also refers to the competences needed for

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wellbeing, including *'health literacy'*, in line with *the European Framework of Key Competences* for lifelong learning.

2.0 Establishing common terms and meanings

In such a complex area as health and wellbeing, it is important that the partners engaged in the Healthy Regions project are able to agree on broad definitions and meanings. This is important not only at the level of language and translation but also with regard to cultural variation in interpreting meaning.

The following section sets out definitions that could be agreed by all partners as acceptable starting points.

2.1 A common definition of health

The World Health Organisation (WHO) definition is:

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

The World Health Organisation definition is aspirational and establishes a goal to which political systems and national and regional strategies can be directed. It is important that the Healthy Regions project is framed within the context of this inspiration but also focuses on the point that *there are scales of improvement related to achievement of the WHO's goal - health is relative and exists on a scale*. In other words, it is not a case of either being 'healthy' or 'not healthy'. The Ottawa definition sets this out clearly (see 2.3.1 below) and *the Healthy Regions project would be advised to align with that.*

2.2 Government responsibilities and health

WHO's position on the right to health means that governments must generate conditions in which everyone can be as healthy as possible**.** Such conditions range from ensuring availability of health services, healthy and safe working conditions, adequate housing and nutritious food. The right to health does not mean the right to be healthy. The right to health has been enshrined in numerous international and regional human rights treaties as well as national constitutions. However, there is an ethical issue regarding 'the right to health' when considering also the 'right to be unhealthy' and the ethical position of governments regarding the levels of banning or restricting harmful substances or re-prioritising treatment of users. The Healthy Regions project must have awareness of ethical dimension in considering health and wellbeing strategies.

2.3 Health promotion and wellbeing

The Healthy Regions project is committed to a broad approach to health that applies a 'whole-life' principle. In this it seeks to examine relationships between social, economic and health issues and causality models that work across them. The factors that contribute to delivering this broader view of health have been defined within health promotion methodology and are succinctly described in both *the Ottawa Charter* and *the Dalgren and Whitehead model*.

2.3.1 The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion (1986), describes health promotion as the process of enabling people to increase control over, and improvement to, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. The Charter sets out the prerequisites for health as:

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources, and
- Social justice and equity.

It states that the prerequisites and prospects for *health cannot be ensured by the health sector alone and that health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organisation, by local authorities, by industry and by the media*. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health. *Health promotion strategies and programmes should be adapted to the local needs and the contexts of individual countries and regions to take into account differing social, cultural and economic systems*.

The Ottawa Charter further states that health promotion action should *aim to build healthy public policy that puts health on the agenda of policy makers in all sectors and at all levels*, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. This includes: legislation, fiscal measures, taxation and organisational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires *the identification of obstacles to the adoption of healthy public policies in non-health sectors*, and ways of removing them. The aim must be to make the healthier choice the easier choice for individuals and this should be a priority for the actions of policy makers.

2.3.2 The Dalgren and Whitehead model

The Dalgren and Whitehead model provides a useful visual description of the different factors contributing to health as set out by the Ottawa Charter. In doing this, it provides an immediate

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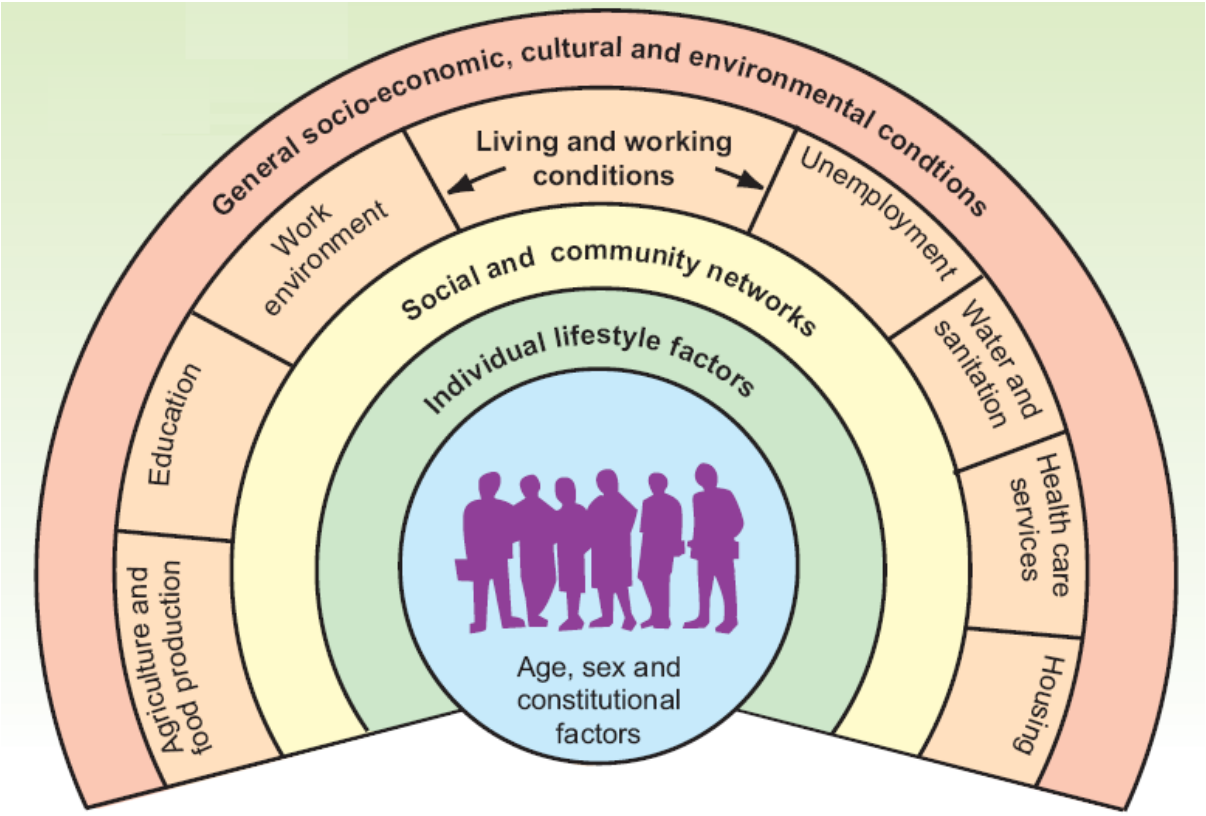
insight into the way in which health and wellbeing is cross-cutting in terms of policy and establishes a framework for examining causality models.



Dahlgren and Whitehead "rainbow"
Source: Dahlgren G and Whitehead M, Health Inequalities, London HMSO 1998

3.0 Health and economic growth

For a long time, it has been recognized, that increased national wealth is associated with improved health, but it is only recently, that the contribution of better health to economic growth has been recognized. Research now provides a powerful argument for European governments to invest in the health of their populations, not only because better health is a desirable objective in its own right, but also because it is an important determinant of economic growth and competitiveness. The report; "*The contribution of health to the economy in the European Union"* presents extensive research on this topic. Amongst other things, the report presents evidence that health matters for a number of economic outcomes such as wages, earnings, the amount of hours worked, labour force participation, longer working lives and the labour supply of those giving care to ill household members. The same report focuses on the cost-of-illness, showing that the magnitudes of the economic impacts are substantial.

3.1 Existing policy and evidence

The relationship between health and economic growth relates to the objectives of *the 2000 Lisbon Strategy*, which sets out 'promotion of growth and employment in Europe' as a priority. *The Healthy*

Regions project must be aware that there is a range of work and opinion around the relationship between health and wellbeing and economic development. For example, a recent *European Commission Fact-sheet* produced by the Health and Consumer Protection Directorate-General entitled *Funding Health in Your Region* set out the case for investing in health for wealth, states that:

"A healthy population is a key component in increased productivity, higher employment rates and a more adaptable workforce. This makes regions more attractive for investment and fosters sustainable economic growth."

and,

"A healthy population is therefore an important asset for a regional economy. The role that health in generating economic wealth and prosperity has been recognised in the twelve cohesion priorities for investment identified by the European Union for 2007-2013."

However, in some circumstances, economic growth can *widen* health inequality between the population as a whole and certain groups within society. The principle of health equity implies 'that everyone should have a fair opportunity to attain his or her full health potential and, more pragmatically, that no one would be disadvantaged from achieving this potential.' One issue with regard to this definition of health equity is how logically do you know when 'full potential' has been attained and to what extent is 'full potential' relative rather than absolute? It may be possible to chart if there are certain groups who are falling behind others, but this would have to take account of the position that economic growth *may* widen health inequalities in the short term but in the long term all 'prosper' and differences in socio-economic and cultural conditions may mean that spending the same amount of money in different areas will have different results. (*Regions for Health Network Evaluation of Health Policies and Plans).* Therefore there are risks concerning the measurement of 'full potential' that the Healthy Regions project must be aware of.

Finally, *we need to be aware of the strong cases that are made in terms of health as a priority in its own right and should not be simply prioritised in terms of being a central input into economic development and poverty reduction*. (*Macroeconomics and Health: Investing in Health for Economic Development, the Report of the Commission on Macroeconomics and Health, chaired by Jeffrey D. Sachs*).

What is clear is that the whole area of debate is often characterised by opinion that is not always based on robust evidence:

"On the one side of the debate are those optimists who believe that the health goals will take care of themselves, as a fairly automatic by product of economic growth."

and,

"On the other side of the debate are the pessimists, who underestimate the considerable progress that has been made in health (with the notable exception of HIV/AIDS and TB) by most low-income countries and believe that their remaining high disease burden is a by product of corrupt and broken health systems beyond repair in poorly governed low-income countries".

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It is important that the Healthy Regions project examines and acts upon the role of valid epidemiological evidence and how this can be conveyed in ways that are graspable both across policies and by the general public. For example, the vast majority of the excess disease burden is the result of a relatively small number of identifiable conditions, each with a set of existing health interventions that can dramatically improve health and reduce the deaths associated with these conditions. The problem is that these interventions don't reach the world's poor. This analysis has resonance with high income European countries in relation to the big killers of cancer and coronary heart disease.

Overall, the emerging policy direction is in favour of seeing health and wellbeing as valid in their own right but also a key factor supporting European economic growth (*The European Commission's White Paper Together for Health: A Strategic Approach for the EU 2008-2013*). *While the Healthy Regions project considers the relationship between health and economic growth as an interrelated one and is committed to a better understanding of that interrelationship, it is also committed to understanding and effecting the best possible health outcomes for all citizens as an ethical issue in order to reduce health inequality*.

3.2 Building on existing European initiatives

There is a plethora of European initiatives that have informed the current state of policy. This has brought with it a very considerable range of knowledge, tools and methodologies that can be used for evaluating regional health and wellbeing competency and to both structure and evaluate initiatives that promote and health and well being. The role of the Healthy Regions project will be to integrate these and test them in order to better understand the key competencies of a healthy region to promote to other European regions. This will also be tested through the practical projects in relevant settings. It is hoped that the impact of culture and learning on and within health and wellbeing strategy will be particularly focussed on and evaluated within the practical projects in order to better understand the journey between strategy and practical implementation.

4.0 Learning, Culture and Health and Wellbeing.

4.1 Learning issues

The Healthy Regions project is committed to seeing, understanding and taking action on the role of learning in the broad context of public health and wellbeing. When the partners work with the learning aspects relating to health, the following may be taken into consideration:

- The 'therapeutic aspects' of learning impacts on personal health and wellbeing and therefore the relationship between learning and health strategies.
- The way in which the 'therapeutic model' of learning engagement relates to learning *about* health as the process of learning enables empowerment, self-esteem and growth, and consequently on *the ability to take control of your own health at the individual and community level*.
- The strategic importance of understanding *the difference between people learning about health and learning to get improved health outcomes in the prevention of ill health*.

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- The role of social networks in sustaining good health, promoting recovery and sustaining wellbeing and how learning in group situations enhances access to social networks and has an important role to play in social inclusion and thereby in maintaining good health.
- How level of education and skills can be a predictor of health status and therefore how exclusion from learning can be an important factor alongside exclusion related to socio-economic factors and the relationship between the two.
- The role of learning in society not being just about material wealth creation but about quality of life including health and how *a broad definition of learning should includes health outcomes*. Therefore the requirement for more joined up thinking particularly between government departments to promote the role of learning in health is important.
- The strategic importance of promoting the value of learning within the Public Health sector and amongst health practitioners so there is better understanding of the therapeutic effects of learning and also how individuals learn about health issues.
- The organisational-level issues arising from a position where health and skills development are integrated in one activity and the clarity about who should commission the activity and to identify funding for the health outcomes of learning.
- The importance of a broad understanding of *health literacy*, which goes beyond functional skills - e.g. the ability to read medication dosages - and incorporates critical understanding of health.

4.2 Cultural issues

Integral with the role of learning in health and wellbeing is the recognition that *the Healthy Regions project needs to acknowledge and work on exploring and better understanding of the way in which cultural factors can both affect and effect public health policy and strategy*. The project must be aware that the term 'culture' can be variously defined and we should be sensitive to:

- 'Culture' in the sense of the ways in which people have been developed within their family and communities and so ensure that we understand that health difference should be the result of human variation but not cultural disparity, just as it should not be the result of ethnic, racial, or socioeconomic disparities.
- 'Culture' in the sense of having varying dispositions to ideas and practice, so that a common policy or policy-led action may be differently interpreted across different cultures.
- 'Culture' in the sense of intellectual and artistic development that may, as with learning, have a therapeutic role in health promotion and attainment.

5.0 The most relevant European projects and initiatives.

It is necessary to agree which European project and methodologies around public health and wellbeing can be integrated into a framework for evaluating the competencies of a healthy region and how these inform the further development and improvement of existing regional health strategies. It is recognised that it will not be possible to establish a completely inclusive and satisfactory list, but the following represents a selection that are particularly close to the thinking behind the Healthy Regions project.

5.1 Regions for Health Network (RHN): WHO European Region

The Regions for Health Network is one of a number of networks organised through the World Health Organisation Regional Office for Europe. The Regions for Health Network was established

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in 1992 to strengthen the focus on health development in regions in view of their increasing role in Europe. Networks are one of the main resources and strongest assets for promoting and protecting health and for reducing the increasing gap in health status both between and within countries. The network consists of 29 regions in 18 countries of the European region of WHO. Whereas the RHN focuses more on health system level the Healthy Regions project aims to address health as a prerequisite of economic growth and well-being of a region

The 7th Annual Conference of the Regions for Health Network (1999) looked at *Healthy Regions: New Policies for a New Century*. It specifically addressed creating a Healthy Region and proposed five strategies for action:

- Getting the different sectors of society together to tackle the factors which really determine whether we are healthy or not - not just 'genes and germs', but issues such as education, housing, government policies and the strength of the social fabric;
- Putting in place programmes and investments to strengthen health and health care, emphasising outcomes;
- Promoting integrated primary health care focused on the family and the community, supported by a flexible and responsive hospital system;
- Getting together partners in every setting and at every level - home, school, workplace, local community, region and country - to improve health and share the responsibility for success; and,
- Highlighting the importance of policies for health being endorsed by the highest political body at each level.

The Regions for Health Network has posed ten questions for assessing whether health is really a priority:

- In your region is there a health policy in place with measurable, time-limited targets, supported by all the major political parties?
- Do important elements of society such as trade unions, employers, professional associations, non-state organizations meet formally to discuss health improvement issues?
- Is there is an independent source of advice, information and practical help for the public on public health matters?
- Does the public receive clear information on decisions and progress on health strategy?
- Is there training for policy-makers at all levels on the meaning and implications of social and health inequities?
- Are the inequalities in health that affect communities, families and individuals in your region monitored, and are there policies in place now to reduce them?
- In your region, when investment decisions are taken, is health just as important a factor as economic and social criteria?
- In your region, is it clear exactly how the health sector is expected to contribute to overall health improvement, and is this monitored?
- Are there regional and local action plans in place for preventing and reducing environmental health risks, with legal and economic measures used to reduce consumption, waste and pollution?
- Is your region trying to build and protect "social capital" – the links and processes that tie us into our community and which can help us in the face of threats to health?

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5.2 Health 21: the Health for All policy framework for the WHO European Region

HEALTH21 is not just about health care, but looks at the social, economic and environmental background to health. It shows how efforts to improve health can help build stronger societies and reduce poverty within the countries of Europe. Twenty-one targets have been set for the European Region, so that progress in achieving better health can be monitored and regions are expected to adapt these targets in the light of their own local circumstances. In particular HEALTH21 supports strong arguments for action by regions, at regional level, to improve health. The Health 21 targets can be referenced at http://www.eurocare.org/who/policy/health21.pdf .

5.3 Regions for Health Network: Evaluation of Health Policies and Plans

This paper refers to an initiative Benchmarking regional health policies and reports experiences from European projects. It describes the key stages of developing a health plan including:

- Health status analysis
- Establishing priorities
- Setting targets
- Implementation through agents, and
- Evaluation cycle.

It benchmarks regional health policies and reports and highlights the issues and indicators that policy makers can use in analysing information about health status and determinants, which concern:

- The provision of healthcare and finances
- Future health trends
- Evaluation of implemented activities, and
- Comparisons of the way different programmes are delivered.

5.4 Health Indicators in the European Regions (ISARE)

ISARE is based on a view that national averages hide important variations and that the regional level is important in health policies and in the management of the health system. It aims to gather useful information about heath indicators in the regions of the European Union. ISARE has completed two phases. The first examined the broad availability of information and studied 130 indicators across nine areas. The second phase defined and collected data and established an experimental database. The 130 items in ISARE1 were refined into a set of 17 data elements. The ISARE 2 project demonstrated that the construction of a health database at the regional level was possible. In terms of quality, there was good regional and temporal comparability. However, while infra-national comparability is possible, international comparability is less reliable. There remained some issues to sort out in terms of describing regions in a way that was generally acceptable.

5.5 The European Commission

On 23 October 2007 the European Commission adopted a new Health Strategy, *'Together for Health: A Strategic Approach for the EU 2008-2013'* (COM (2007) 630 final). Building on current

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work, this strategy aims to provide, for the first time, an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The strategy aims to set clear objectives to guide future work on health at the European level and to put in place an implementation mechanism to achieve those objectives, working in partnership with Member States.

The strategy focuses on four principles and three strategic themes for improving health in the EU. The principles include taking a value-driven approach, recognising the links between health and economic prosperity, integrating health in all policies, and strengthening the EU's voice in global health. The strategic themes include Fostering Good Health in an Ageing Europe, Protecting Citizens from Health Threats, and Dynamic Health Systems and New Technologies.

5.6 Second Programme of Community Action in the Field of Health 2008-2013 (Decision 1350/2007/EC)

The Second Programme of Community Action in the Field of Health 2008-2013 will come into force from 1 January 2008. This follows the first *Programme of Community Action in the field of public health (2003-2008)* which financed over 300 projects and other actions.

The objectives are:

- To improve citizens' health security:
  - Developing EU and Member States' capacity to respond to health threats, for example with health emergency planning and preparedness measures, and

  - Actions related to patient safety, injuries and accidents, risk assessment and community legislation on blood, tissues and cells.

- To promote health, including the reduction of health inequalities:
  - Action on health determinants - such as nutrition, alcohol, tobacco and drug consumption, as well as social and environmental determinants

  - Measures on the prevention of major diseases and reducing health inequalities across the EU, and

  - Increasing healthy life years and promoting healthy ageing.

- To generate and disseminate health information and knowledge:
  - Action on health indicators and ways of disseminating information to citizens, and

  - Focus on Community added-value action to exchange knowledge in areas such as gender issues, children's health or rare diseases.

The Health Programme 2008-2013 is intended to complement, support and add value to the policies of the Member States and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health.

5.6 ESF and health as a "holistic concept"

The population health has an important impact on employment and is moving up the agenda of the Structural Funds. For the programming period 2007-2013, health is a holistic concept *"comprising public health measures as work related aspects leading to physical, mental and social wellbeing. In recent years, this definition has been modified to include the ability to lead a 'socially and economically productive life'. Health must be seen as a process of continuous adjustment to the changing demands of living and working" (Health in the ESF 2007-2013).*

The improvement of the Quality of Life and of the Well-being of European citizens embrace a very wide area of policy interests, with a particular need to map and understand disparities associated with age, gender, health, income, social class and region. We have also to emphasize the need to link the assessment of quality of life to the 'quality of work', to the changing nature of employment, to the work-life balance, to the social cohesion and also to the modernization of social protection and social welfare systems.

The investment in Health as a 'holistic concept' is now supported jointly by ESF and DG for Health and Consumers. *"Health-related actions can be supported under all of the ESF priorities and are usually linked to relevant national strategies and programmes, for examples in following actions: enhancing access to employment, reducing absence due to illness, reinforcing social inclusion of people, providing attractive workplaces, fostering health promotion, investing in human capital, improving living conditions and urban environments, developing administrative capacity"* (Shurcke & al, 2005).

5.7 The relevance to assess and monitor the quality of life and public health

The *European Quality of Life Survey (EQLS)* of the Dublin Foundation represents a unique attempt to explore *quality of life in the EU*. The survey examines a range of issues, such as employment, income, education, housing, family, health, work-life balance, life satisfaction and perceived quality of society. The survey was carried out for the 2nd time in 2007.

We present here some main results of this survey with regard *to health and health care*[1] :

- Health is important to Europeans; 81% of EU residents say that good health is 'very important' for their quality of life. However, on average, only 21% of EU citizens rate their health as 'very good', while 46% rate it is as 'good', 25% as 'fair' and 8% as 'bad or very bad'. More citizens rate their health as 'bad or very bad' in the New Member States (EU12) than in the old member states (EU15). In the EU12, more women than men report that they suffer from bad health; in the EU15, however, there is no consistent difference in this respect.
- Reporting poor health is, not surprisingly, associated with increasing age: in EU27, fewer than 2% of the citizens aged between 18 and 34 years, report bad health, against 18% of those aged 65 and over. However, the situation for older people in EU12 is worse where 34% report bad health, against 15% of the same age group in the EU15.
- In all countries, poorer people more often report bad health; on average, 14% of those in the lowest income quartile report being in bad health, compared with 4% of people in the

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highest quartile. In some countries, such as Bulgaria, Croatia, Hungary, Latvia and Portugal, 30% more of those in the bottom income quartiel suffer bad health; showing that social inequalities in the experience of poor health and disability are persistent and pervasive.

We have to note that the final legislative act – *Regulation (EC) N°1338/2008* on *Community statistics on public health and safety at work* – was signed on 16th December 2008. The establishment of a Community regulatory framework is aimed at improving the systematic production of statistical data in the area of *public health and health and safety at work*. It is intended to facilitate the accessibility and compatibility of the data provided by Member States to the Commission (ECHI= European Community Health Indicators). The statistics will constitute a source of information to be used to guide and monitor Community and national policy. This data will also contribute to the establishment of structural indicators, sustainable development indicators and health indicators.

Member States shall collect the statistical data by means of surveys of the population or from administrative sources. It shall cover:

- health status and health determinants, including physical and mental functioning, environmental and socio-professional factors ;
- health care, in particular its availability, utilisation, cost and financing;
- causes of death, especially the characteristics of the deceased and his/her region;
- accidents at work, especially the characteristics of the injured person, the nature and circumstances of the accident ;
- occupational diseases, work-related health problems and illnesses.

This Regulation is also one step convincing the Member States to consider health as 'a holistic concept' jointly with *Regulation (EC) 1081/2006 on the European Social Fund* since health-related actions can be supported under all of the ESF priorities and are usually linked to relevant national strategies and programs.

5.7 The Committee of the Regions

The Committee of the Regions (CoR) is the political assembly that provides local and regional authorities with a voice at the heart of the European Union. Established in 1994, the CoR was set up to address two main issues. Firstly, about three quarters of EU legislation is implemented at local or regional level, so it makes sense for local and regional representatives to have a say in the development of new EU laws. Secondly, there were concerns that the public was being left behind as the EU steamed ahead, involving the elected level of government closest to the citizens was one way of closing the gap. The CoR has committees focussing on health, hence it is important for the Healthy Regions project to make sure that our findings and results are communicated to the relevant committees and politicians.

5.8 World Health Organisation Healthy Cities Network

The WHO Healthy Cities programme engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning

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and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts. Over 1200 cities and towns from more than 30 countries in the WHO European Region are healthy cities. These are linked through national, regional, metropolitan and thematic Healthy Cities networks, as well as the WHO Healthy Cities network for more advanced cities.

The WHO Healthy Cities programme is now in its fourth phase (2003–2008). Cities currently involved in the Phase IV Network are working on three core themes: healthy ageing, healthy urban planning and health impact assessment. In addition, all participating cities focus on the topic of physical activity/active living. Healthy Cities is a global movement. Healthy Cities networks are established in all six WHO regions. A common set of accreditation criteria for national networks and their member cities provides a quality standard and a source international legitimacy for all stakeholders of a national network. Currently there are national Healthy Cities networks in 29 countries in the WHO European Region, which bring together more than 1300 cities and towns.

There are six characteristics of a healthy cities project

- Commitment to health
- Political decision-making
- Inter-sectoral action
- Community participation
- Innovation, and
- Healthy public policy.

While the healthy cities work is *related* to the Healthy Regions project, the latter is focussed more specifically on an overall, systemic strategic process. The Healthy Regions project wants to show how to *involve* the political levels in a more effective way so that they are enabled to make strategic level changes.

5.9 Health ClusterNET

Health ClusterNET is a network of European Regions supported by the INTERREG IIIC initiative. The Network comprises 13 European regional partners who are working together to improve the contribution that health care sector spending makes to regional development.

The project aims to build on evidence that demonstrates that, in general, health and economic activity are directly linked and therefore maximising regional health care sector spending improves regional economic performance and the health of the regional population.

Health ClusterNET has four work streams: procurement, employment, capital investment and innovation. Each work stream comprises a network workshop, regional activity and policy forum and includes bilateral visits and study tours between regions. Network members will be working with a broad range of local regional partners, including local business groups to ensure maximum benefit.

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The Healthy Regions project will explore how to utilise the work of the Health ClusterNET project to best effect.

5.10 Regional Key Competencies Project

The project *'Regional Key Competencies – A Way to Manage Structural Changes'* ran from 2004 to 2006, was supported financially by the European Commission within the frame of the Article 6 Programme, which belongs to the ESF. The objective of the project was to develop and test tools and methods to anticipate future challenges and structural changes and to give the regions greater capacity to deal with challenges and change in a more structured and strategic way. One of the central issues was the relationship between the challenges posed by globalisation in pressurising regional economic development and maintaining and developing health and wellbeing of regional citizens. The project managed to describe a structure for regional anticipation and adaptation and provided a "magic box" of tools and methods. One of the key tools was scenario planning, used to develop pre-strategic thinking by:

- Building a shared understanding of the economic and social drivers which are creating the need for change
- Developing a shared picture of how these drivers will affect partner regions in the medium to long term
- Identifying challenges that are common across partner regions
- Considering and building a shared understanding of – the different routes that different regions may need to take to achieve economic and social capital development, and
- Using this understanding to develop a range of methodologies which partners can use in different ways and at different times.

This in turn developed thinking around establishing regional 'signal panels' that focus on predicting potential problems and identifying from different perspectives where government initiatives that are individually constructive actually produce contradictory effects on the ground because of unforeseen circumstances.

The partnership and results of the Regional Key Competencies project led to the ideas for the Healthy Regions project and the Scenario Planning Manual that was produced as part of the project will be applied within the Healthy Regions work where appropriate.

6.0 Describing Regions

There are clearly different ways of describing regions and increasingly there is a movement to providing holistic descriptions that serve the policy imperative that strategies should be cross-cutting and integrated. *The Healthy Regions project is committed to this approach as it establishes an acknowledgement of the way in which policy areas must realise that the issues of 'real life' inevitably overlap and it sets the scene for examining causality and modelling what occurs at these points of intervention*.

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An example of this approach is in South West England. The state of the region report *'State of the South West'* provides a comprehensive review of the South West of England's economic, social, environmental and cultural life. It describes the current position and trends *without* making policy recommendations, and so helps set an informed context in which policy for the region can be developed. It has been written by a wide partnership, drawing upon a broad range of expertise within the region, involving the major regional organisations responsible for public services and other strategic contributors such as the Environment Agency, the Public Health Observatory, Culture South West and South West Forum all working as part of the Observatory partnership. It has been produced primarily to inform policy and decision makers, at local and regional levels, in the public sector. It is a resource that will support the work of senior representatives in regional and local government bodies, and for elected members. However, the scope of the report and its contribution to regional intelligence has a far broader potential as it can be equally useful for business, education, voluntary, community, and funding organisations, and not least for the public, indeed all stakeholders with a part to play in shaping the region's future, covering as it does:

- Population and migration
- Economy
- Labour market
- Skills and Learning
- Transport and communication
- Housing
- Environment and natural resources
- Public health
- Crime
- Social and welfare
- Culture, and
- Government and politics.

In the Healthy Regions project, the partner regions are of varying sizes and administrative levels and because of national differences will have different structures and different policy making processes. The role of public health promotion will belong to organisations at different administrative levels. Accepting that we are taking the holistic approach to health promotion we still need to be mindful of the structures that are in place in the regions. The way we develop and implement strategy will necessarily vary. The Healthy Regions project will need to be aware of this when developing the activities in the project and in evaluating and applying the recommendations that emerge. This can be for the partners to incorporate in their approach rather than spend time and pages describing these differences.

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7.0 Frameworks for evaluating regional health competence

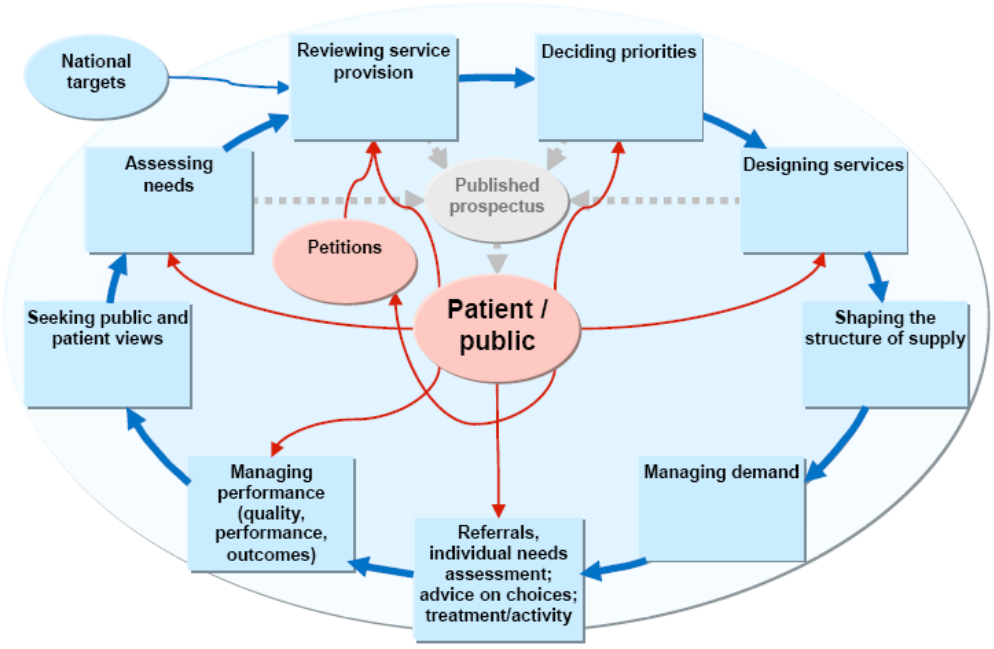
There is a massive range of work surrounding frameworks for evaluating health competencies. It is not possible to begin to list even a representative sample. However, three strands do stand out as being widely acknowledged and implemented. They are:

7.1 The Verona Benchmark: Guide to the Assessment of Good Practice within Working Partnerships

The Verona Benchmark is a practical management tool that is currently being piloted in 15 pilot sites across Europe. It is the result of the work from two international *Arena Meetings of the Verona Initiative undertaken by the World Health Organization Regional Office for Europe*. The benchmark is designed to be used by multi-sectoral partnerships working at local and regional level to improve the quality of partnership working and to help them focus on delivering sustainable and integrated health, social and economic development. A related benchmarking tool is *the Verona Benchmark Self Assessment Tool* that has been developed on the basis of evidence of why partnerships succeed/ fail and *the European Foundation for Quality Management (EFQM) Business Excellence Model*. The six *enabler* and five *results* elements and their associated characteristics of good practice provide both guidance and interpretation of the levels that partnership working may reach.

7.2 Virtuous circles

Virtuous circles analysis, such as *the English Commissioning Cycle for Health Services (Health Reform in England Update and Commissioning Framework),* provide useful frameworks for action to deliver services that improve health:



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7.3 Health impact assessment (HIA)

Health impact assessment is "a practical approach that determines how a proposal will affect people's health. Recommendations to 'increase the positive' and 'decrease the negative' aspects of the proposal are produced to inform decision-makers." The people who undertake and support HIA, and those who commission and use HIA, typically agree with the following values, which in turn guide the methodology of HIA:

- Democracy - emphasising the right of people to participate in the formulation of policies that affect their life, both directly and through elected decision makers
- Equity - emphasising the reduction of inequity that results from avoidable and unjust differences in health status between different peoples
- Sustainable development - emphasising that development meets the needs of the present without compromising the ability of future generations to meet their own needs
- Scientific and robust practice - emphasising that transparent, systematic and impartial processes are used, that utilise the best available evidence from different scientific disciplines and methodologies, and
- Holistic approach to health - emphasising that health is determined by a broad range of factors from all sectors of society (known as the wider determinants of health).

8.0 Defining a concept for a 'Healthy Region'

8.1 The key attributes of the concept

On a European level, the Healthy Regions project seeks to develop a concept for how to understand 'Healthy Regions'. To develop this concept we will use experiences from all the concepts, projects, networks and methods that this Conceptual Paper describes and adapt these to our specific needs and objectives. Already, at this opening stage, we know that we want our concept to reflect the following philosophy:

- The beginning of an overall strategic process, hence we want to support the politicians to get started
- Change in the behavior of politicians, regional actors, and individuals and change in 'collective behaviour', thereby supporting changes of regional images relating to health and wellbeing
- Change in understanding, then behaviour and then in concrete actions. This requires the involvement of policy makers and politicians in a more effective way so that the strategic work with health is not just something the regions work with because they HAVE to but because they WANT to
- The concept should not be exclusive but inclusive and it should be motivating to work with the concept
- The concept shall reflect an understanding that it is necessary to work 'in small steps' so as not to be too idealistic nor too scientific
- Regions should be able to recognize themselves in the concept, and
- The concept will discuss health on the basis of it being an economic driver but also in terms of it being a human right. It will examine the interrelation between health and economic growth.

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8.2 Understanding the nature of good practice

In developing the concept, the defining issue for the effectiveness of the Healthy Regions project is in understanding the relationship between the development of strategy and what actually works 'on the ground'. The aim of ensuring that health issues are represented and applied across policy areas within regional strategies requires understanding of the tactics involved in joining up strategy with practice. The following tactical points are important:

- How to provide *cross-sector, multi-agency environments* for developing ideas, plans and a common agendas where ideas can be pooled for developing an approach without challenging individuals, roles or agencies
- How to develop a genuinely *equal relationship* between the statutory sector(s) and smaller organisations, the voluntary sector and the public statutory sectors
- How to identify *gaps in current strategies* and their related services to inform the development of the practical projects, i.e. cross-cutting work that identifies a new focus attention and effects change, and
- How to identify, develop, apply, evaluate and communicate innovative work that has impact *across* policy areas.

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Etc.…