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When Well being Creates Economic Growth

The Healthy Regions project is funded by the European Public Health Programme (2006). It sees public health as an integrated part of the regional development process and develops a concept with a "toolbox" on how European Regions can be considered as "Healthy Regions".
The main philosophy of the project is that focus on health investments should change from "something we *have to do deal* with because citizens do get sick" to "something we *want to deal* with because well-being of our citizens makes our region grow and develop".

South West Regional Health Competencies – Discussion Paper

South West, UK mapping results within the Healthy Regions project

September 2008

The summary findings from the mapping exercise carried out by the Healthy Regions - South West, UK Steering Group

Contributors:
Paul Brown, South West Public Health Observatory, SWPHO
Jonathon Coe, South West Regional Development Agency, SWRDA
Emily Gallannaugh, NHS South West
Katie Kelsey, National Institute for Continuing Education, NIACE
Simon Mauger, NIACE
David Pearson, Healthy Schools
Paul Taylor, SWRDA
Justine Womack, NHS south West

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Introduction

This paper is the summary findings of the mapping exercise carried out by the South West UK partnership within the Healthy Regions project. The aim was to gain an overview of the 'public health competencies' in the region. We used the 'dialogue tool' which was developed within the frame of the project (see Annex 1). The results from this exercise are designed to promote dialogue within the region and draw out issues rather than being an academic mapping exercise. The dialogue tool covers eight main themes:

1. Health and health promotion
2. Health and learning
3. Health and culture
4. Level of strategic health approach
5. Level of health competencies
6. Level of empowerment
7. Level of mainstreaming
8. Health as an economic growth sector

A definition and headline question was agreed by all European partner regions (Annex 1). The themes were each given a score from 1 to 3 to give an indication of a level of regional performance against ~~competence for~~ each theme, where 1 is low and 3 is high. Although we were all using the same framework, each of the partner regions gathered their evidence in different ways. In the South West, UK, we used the Verona Benchmark* matrix for each of the themes. The key findings were then extracted from the resulting matrices and then a provisional score was assigned to each of the themes. The scores have been mapped on a spidergram to give a visual representation of all of the scores combined.

The resulting profile for each of the themes has provided an analysis of the regional position. It is designed to be a simple 'at a glance' guide to the comparative position between the partner regions and also has the potential to focus strategic-level discussion regarding performance and priorities for action.

The results were further condensed into a single key message for each of the themes.

***The Verona Benchmark,** has been developed by the 51 countries of the World Health Organisation as a way of establishing the level of investment in Public Health.

It is a matrix with 7 characteristics each of which have a series of questions, and for each of the questions we ask

- What is the current position as evidenced by…?
- What needs to be done
- What are the next steps

The 7 characteristics are:

Whether health is a high priority;
The degree of social capital it has;
The level of public engagement it attracts;
The degree of sustained policy engagement it has;
The level of investment it attracts;
How it is monitored; and
How accountability works in its regard.

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South West UK mapping results

1.0 Key messages by theme

For each theme we have highlighted a key message

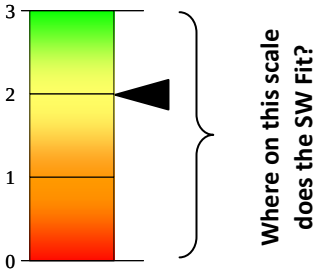
1.1 Theme 1: Health and health promotion

Headline question:

To what extent does the South West of England prioritise health and health promotion ?

Key message:

Successful health and health promotion would best be delivered through a locally accountable multi agency infrastructure based on a clearly defined joint evidence base, and influenced by the local health needs of the population



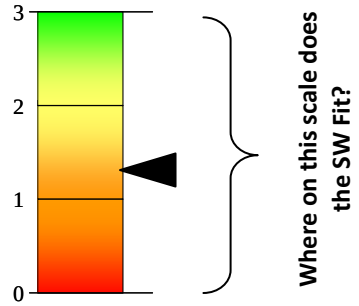
1.2 Theme 2: Health and learning

Headline question:

To what extent does the South West of England understand the relationships between health and learning and prioritise aspect of that understanding?

Key message:

There is scope for more specific, well-researched and synthesised strategic messages concerning the relationship between lifelong learning and its beneficial impact on our material circumstances in terms of alleviating poor physical health, unemployment, and relative poverty and isolation.



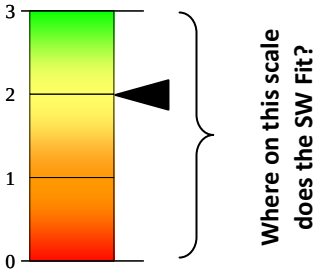
1.3 Theme 3: Health and Culture

Headline question:

To what extent does your region use nature and cultural activities to promote the health and wellbeing of its citizens?

Key Message:

Well recognized at practical level and in the funding of short term projects, but not properly recognized in national strategies, so activity remains short term. There is a requirement for more coordination of evidence



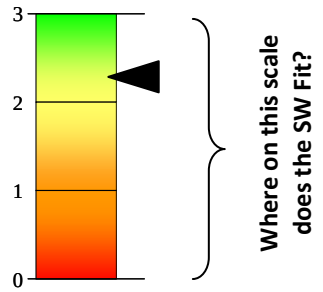
1.4 Theme 4. Level of Strategic Health Approach

Headline question:

To what extent do your regional strategies for health follow European strategies for health?

Key message:

Implementation of evidence based policy and practice is a key area to strengthen. Building on guidance from the National Institute for Clinical Effectiveness. Evaluation of activity is key to continue to build the evidence base



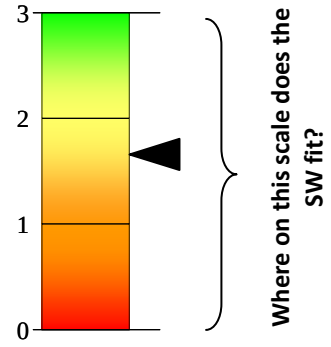
1.5 Theme 5: Level of Health Competency

Headline question

To what extent does your region provide the resources and infrastructure for people to live healthy lives?

Key message:

Robust process and investment for public health workforce development. However capacity and capability remain an issue. Key areas for development around skilling up of non-public health workforce and strengthening of health literacy.



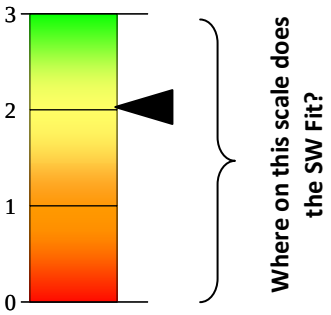
1.6 Theme 6: Level of Empowerment

Headline question:

To what extent does your region facilitate the empowerment of its citizens?

Key message

The issues appear to be more around motivation as well as empowerment



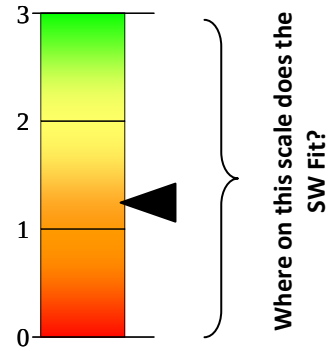
1.7 Theme 7: Level of Mainstreaming

Headline question

To what extent does the South West of England make health a cross sectoral issue?

Key message:

Multi-sectoral work is difficult, and it is not one individual/organisation role to deliver, A strong regional strategic drive and infrastructure to support this through, for example the sharing of best practice, could make ease this burden.



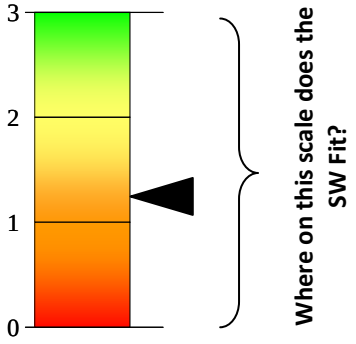
1.8 Theme 8: Health as an Economic Growth Sector

Headline question:

To what extent does your region consider health to be an economic growth factor?

Key message:

Health is recognised in regional strategy, but this does not necessarily follow through to distinct actions.



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2.0 Summaries of main findings by theme

This section outlines the main findings of the mapping process for each of the themes. The evidence, discussion and conclusions are summarized into a series of key findings, which inform a provisional judgment regarding the South West Regional level (1 to 3),for discussion within the region. The evidence was gathered using the Verona Benchmark for each theme. The detailed findings are listed in an Annex

2.1 Theme 1: Health and Health Promotion

Paul Brown, Deputy Director South West Public Health Observatory
The fundamental question to be answered is:

to what extent does the South West of England prioritise health and health promotion ?

Key findings:

1. There is clear national, regional and local commitment to health and health promotion.
2. Within the region there is a clear resource commitment to tackling poor health, health inequalities and their determinants.
3. Interventions are theoretically evidence based, and sharing of best practice work well in some subject areas (e.g. tobacco control), but less well in other areas, highlighting a potential need for regional infrastructural support?
4. Resources are devolved to appropriate geographical location, but sometimes with limited ability or willingness to use these outside traditional NHS setting (although these barriers are being addressed).
5. Sometimes local, regional and national decisions seem to contradict policy statements and commitments (e.g. choosing health investment used elsewhere in the NHS rather than on preventative health promotion).
6. Ability of public to voice their opinions and influence health and health promotion decisions is improving (e.g. JSNA, LINKS), but accountability of local health service providers is to NHS, and unlike Local authorities, not the local population through democratic means.
7. Some evidence that historic, powerful, economic and social influences, which may have lead to unhealthy decisions (e.g. tobacco lobby, car lobby etc.), are becoming less influential/confrontational (smoking restrictions and high profile alcohol debate). Possibility that lobbies are becoming "health conscious" and therefore difficult to untangle.
8. Unclear how this commitment to health and health promotion would develop with a change in the political powerbase. Historically the Conservative Party has been lead by market forces, and have a limited track record in terms of health promotion and inequalities. Conservative manifesto does however suggest this may have changed.
9. Much of the activity at a local and regional level, is not determined at that level, but is focused on the delivery of the national agenda (but not exclusively…. Earned agenda)

Conclusion & Provisional score:

Overall, the region, through national policy and local delivery is committed to health and health promotion. This is well resourced and largely evidence based. There is some evidence that public input into the system is somewhat limited, although this is improving. There is also still an over dependence on clinical "fixing" of health issues, rather than population level prevention, although this balance is shifting.

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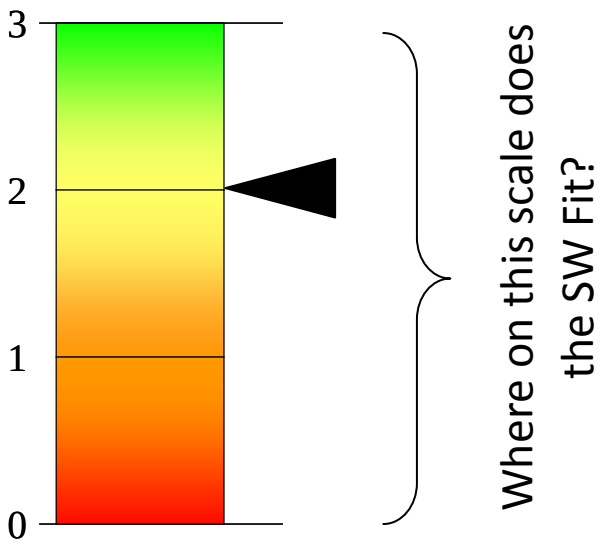
The proposed overall score is therefore, a 2 (see diagram), because despite the good levels of commitment, there is still considerable room for improvement, in that health promotion isn't always a priority and is does not always take into account local population needs.

Key Message:

Successful health and health promotion would best be delivered through a locally accountable multi agency infrastructure based on a clearly defined joint evidence base, and influenced by the local health needs of the population.



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2.2 Theme 2: Health and Learning

Simon Mauger, Regional Development Officer, National Institute Adult Continuing Education (NIACE).
The fundamental question to be answered is:

> ***To what extent does the South West of England understand the relationships between health and learning and prioritise aspect of that understanding?***

Key findings:

1. There are explicit divisions between strategy, policy and practice that concern:
    a. Learning and skills for the Health Sector workforce.
    b. Learning about health by the public - in broad terms, 'health literacy'.
    c. Learning as therapeutic in terms of health and wellbeing.
2. There is strong recognition at all levels concerning the important of skills and learning for the Health Sector work-force and a wide range of policies and initiatives addressing this. However, this recognition is targeted in terms of vocational skills and less addressed to issues around health and wellbeing of the Health Sector workforce itself. The development of the Sector Skills Councils, responsible for the training of the workforce within their 'business sector' has resulted in 'Skills for Health' being established as the Sector Skills body for the health workforce. This operates at national level, with regional representation aligning with the regional-level agencies concerned both with health but also with the role of health within regional development.
3. Learning about health is inevitably aligned with health promotion policy and this has resourcing and 'policy ownership' implications, as budgetary control and policy direction is managed through the health departments and organisations and not through learning and skills departments and organisations, although some provision may be commissioned through educational providers, including Third Sector organizations. There is little national or regional-level overview of the role of educational providers in this, although the establishment of the Sector Skills organisation, Skills for Health, may begin to provide evidence relating to this.
4. Where learning about health is operational within organisations and businesses it is often exclusively identified in terms of 'health and safety' and implemented in order to respond to statutory requirements. Education providers are both subject to this and also involved in delivering health and safety learning programmes.
5. While there is increasing national and regional debate and policy consideration surrounding the therapeutic value of learning, the current position is that the research focuses on the wellbeing aspects of this for the individual and for the community, while the policy interest focuses on the economic and employment aspects. There are indications that some thinking is joining up these agendas and is promoting an integrated approach that understands that there is individual, community and economic benefit in providing learning opportunities that may join up health messages, social and cultural involvement, and employability skills. The development of the system of Local and Multi-Area Agreements is seen as having some potential to create a political 'architecture' at local level to implement this sort of integration, but there is concern that this will not be enabled until it is uncoupled from central Government control.
6. The increasing emphasis by Government on learning for employment skills and qualifications runs counter to the development of learning provision that supports health and wellbeing, as all the evidence demonstrates that the latter requires administrative and fiscal flexibility. At regional and local levels this Government emphasis is leading to substantial reduction in the provision of learning opportunities for adult learners wishing to pursue the personal development and leisure learning that correlate to wellbeing and community cohesion. However, there are indications, particularly at sub-regional and local level, that health and social care commissioners are approaching educational providers to develop programmes of learning designed to support individual health and wellbeing. But these developments are run alongside learning provided through skills and learning budgets, rather than being integrated with them. They also tend to be sporadic, taking the form of temporarily funded initiatives rather than consistent processes.

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7. The ability of the public to voice their opinions and influence learning provision related to health and wellbeing promotion could improve through the development of the National Learners Panel and the Learning and Skills Learner Involvement Strategy and through Local Area Agreement processes. However, any real change demanded by these democratic means is in fact entirely limited by central Government educational policy and by the funding systems attached to that.

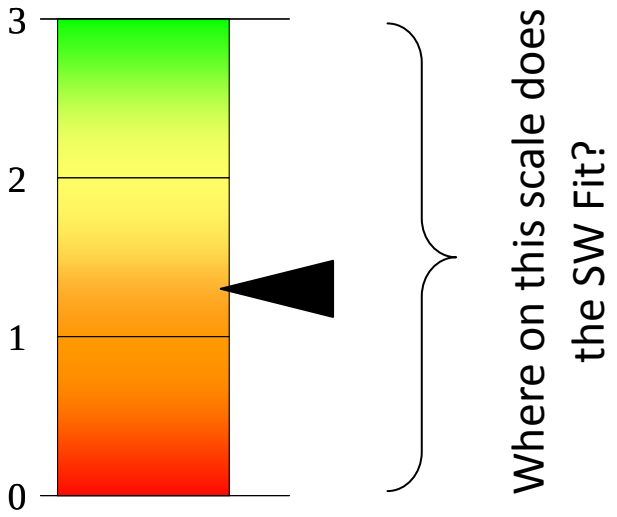
Conclusion & Provisional score:

While there are indications that regional agencies and regional-level research understand the relationship between health, wellbeing and learning this is in fact limited to published strategies that consider the importance of learning about health or about health in the process of enabling progress in acquiring employment skills. They do not explicitly relate skills and learning strategy with issues relating to health and wellbeing and correlate this with the central concerns relating to economic development and social cohesion and do not clearly position educational providers in a way that is connected to this.

The proposed overall score is therefore, a 1.25 (see diagram), to reflect the lack of clear identification of the role of skills and learning beyond the obvious area of learning *about health*. The score is lifted above 1.00 in order to reflect a growing recognition that *there is* potential for education policy to understand more fully the therapeutic value of learning in terms of health and wellbeing and that *there are* some mechanisms in place, like Local Area Agreements, that could provide the means for this to occur.

Key message:

There is scope for more specific, well-researched and synthesised strategic messages concerning the relationship between lifelong learning and its beneficial impact on our material circumstances in terms of alleviating poor physical health, unemployment, and relative poverty and isolation.



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2.3 Theme 3: Health and Culture

Katie Kelsey, NIACE

The headline question to be answered is:

To what extent does your region use nature and cultural activities to promote the health and wellbeing of its citizens?

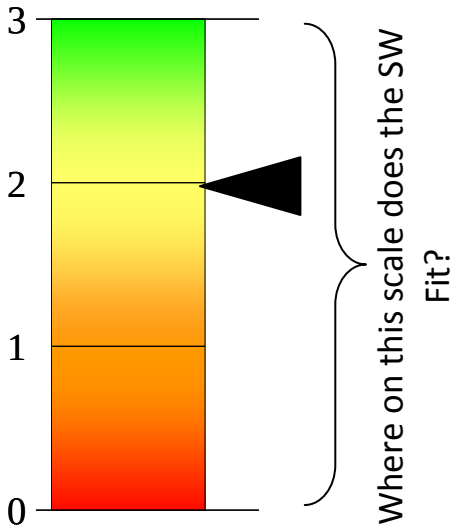
Key findings:

1. There is a vast body of literature and government publications in this area, and it is within the remit of many government departments and NGOs. There is an especially large amount written about the contribution of the arts and sports to health and well being, at national regional and local level.
2. It was clear from all the discussions that there is a good deal of awareness and activity in the South West.
3. A high proportion of the funding is project based so not long term, the literature suggests that this is due to the lack of evidence, which leads to lack of long term commitment. However there appears to be a good deal of anecdotal evidence, so there is a need for more coordinated sharing of the evidence.
4. Cultural Activity can play an important role in motivating people to care about and take responsibility for their own health. In many cases it is the motivation that is the barrier.
5. Health and wellbeing is at the heart of a high proportion of the cultural policies however the connection is not often made at strategic level within the organisations. It is in the Local Area Agreements that the link is made.
6. Community and Voluntary Sector has a significant role to play in this area, and it is becoming more organised.
7. There is scope for better understanding of what works and why.
8. Local Authority indicators do not give a real picture at this stage.

Conclusion & Provisional score:

In this region there is clearly a high level of 'competence' and awareness in this area and we have a strong tradition for excellence in the arts and a high level of participation compared to other regions.

However strangely enough the national strategies do not at present make the links and the activity is still piecemeal and project based and often short term. There are still a lot more links that can be made and a lot of work which can be done to do with engagement and understanding what works and why.



Key message:

Well recognized at practical level and in the funding of short term projects, but not properly recognized in national strategies, so activity remains short term. There is a requirement for more coordination of evidence.

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2.4 Theme 4. Level of Strategic Health Approach

Justine Womack, Associate Director of Public Health, NHS South West

The fundamental question to be answered is:

To what extent do your regional strategies for health follow European strategies for health?

Key findings:

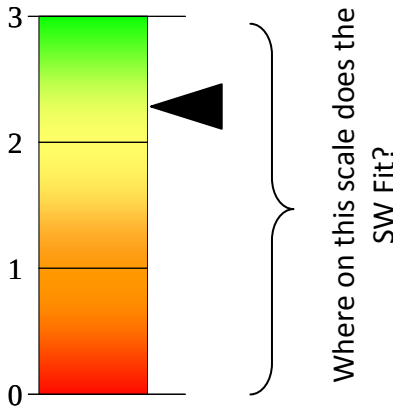
1. There are clear national, regional and local health strategies demonstrating commitment to health and health promotion.
2. These follow the over-arching goals of the European Commission's Health Strategy 'Together for Health: A Strategic Approach for the EU 2008-2013.
3. These also address the issues raised in Health 21: the health for all policy framework for the World Health Organisation European Region.
4. Within the region there is a clear resource commitment to tackling poor health, health inequalities and their determinants.
5. Local Area Agreements underpinning Community Strategies provide the framework for intersectoral working to address the factors that determine health.
6. There are mechanisms in place for involving patients and the public in the form of Local Involvement Networks and consultation on the Draft Strategic Framework for Improving Health in the South West 2008/09 to 2010/11. Equality Schemes require consultation with equality groups. Health Scrutiny Committees exist at a local level as a form of local accountability.
7. The health content of the Regional Spatial Strategy has been identified as weak and requiring strengthening. Ensuring the Single Regional Strategy has robust health input is essential.
8. Developing intersectoral working around the delivery of Public Service Agreements is a valuable model.
9. Other areas of weakness identified are around models for health advocacy (emerging in Smokefree South West the new office of tobacco control).
10. There is a strong framework for the evidence base in the form of the National Institute for Health and Clinical Effectiveness but an apparent lack of regional focus on the 'how to'.
11. The region is strong on the gathering, analysis and provision of information in the form of the Regional Observatory with its modular form that includes the South West Public Health Observatory.

Conclusion & Provisional score:

Overall, the region, through national policy and local delivery is committed to health, however, there are issues around ensuring other public policy is healthy. Public Service Agreements and Local Area Agreements provide structure and process for enabling this but there are gaps at a regional level and a lack of health impact assessment of policies. The function of health advocacy and social marketing is a weakness currently but there is action underway to address both gaps in the form of the Office of Tobacco Control and a social marketing post, which will address these. These models need to be built upon.

Implementation of evidence based policy and practice is a key area to strengthen building on guidance from the National Institute for Health and Clinical Effectiveness. Evaluation of activity is key to continue to build the evidence base.

The proposed overall score is therefore, a 2 (see diagram), because despite the levels of commitment, there is still considerable room for improvement in developing health public policy on the factors that determine health.



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2.5 Theme 5. Level of Health Competencies

Justine Womack, Associate Director of Public Health, NHS South West

This section outlines the main findings of the mapping process.

The fundamental question to be answered is:

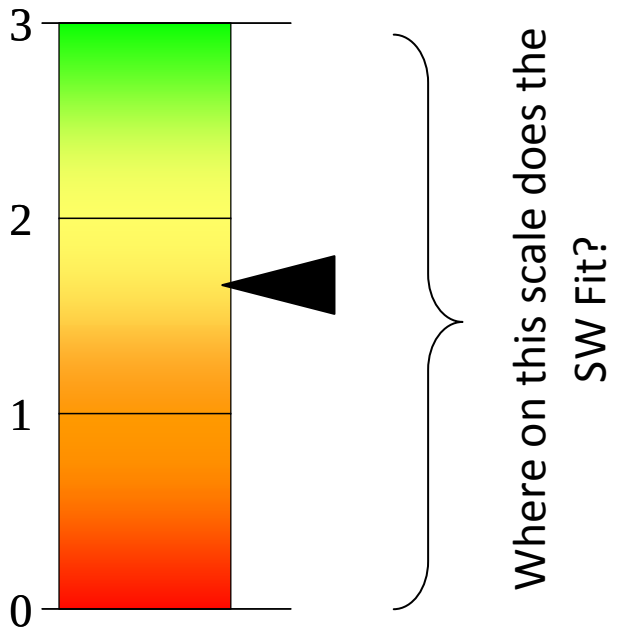
To what extent does your region provide the resources and infrastructure for people to live healthy lives?

Key findings:

1. There is a regional training programme for public health workforce in the South West with a £2.2 million budget.
2. There are a clear set of competencies established by the Faculty of Public Health at a national level.
3. A workforce survey identified some capability and capacity issues but resourcing of public health at a local level is increasing.
4. There is a programme of work to skill up those from non-health backgrounds in public health.
5. There are shortages in the areas of health visiting and school nursing.
6. There is a great need to develop health skills among those from non-health backgrounds.
7. Health literacy remains an underdeveloped area, which requires consideration.

Conclusion & Provisional score:

Overall, there is a structured programme of work around developing the public health workforce which is well resourced. However, there are key skill gaps that could be a cause for concern. Greater attention needs to be paid to improving health competence amongst a wide variety of professional backgrounds. Improving health literacy is a key area for development.



2.6 Theme 6: Level of Empowerment

Katie Kelsey, NIACE

This paper outlines the main findings of the mapping process.

The headline question to be answered is:

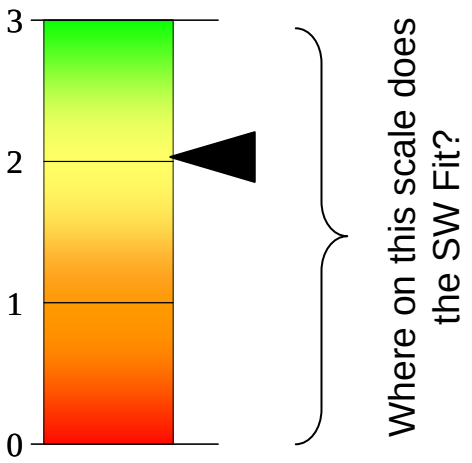
To what extent does your region facilitate the empowerment of its citizens?

Key findings:

1. The recent CLG white papers show understanding and commitment to community empowerment, and there are indicators in the NI framework which relate to this. In the South West the Local Authorities have chosen indicators such as '% of people who feel they can influence decisions in their locality' but perhaps a little less than other regions
2. There appears to be the framework and systems in place for more community empowerment, but there is still some way to go towards engagement and joining up of services.
3. Some of the language however is still a little directive, and talks about harnessing the power of the people, rather than the people having the power.
4. In terms of NHS policy, there is a definite move towards empowerment of the patient - 'Locally-led patient centred and clinically driven' Darzi report.
5. Lack of motivation is an issue that could provide a key.

Conclusion & Provisional score:

Within the context of the national frameworks there is some commitment to community empowerment, and evidence of strengthening communities. However one issue highlighted was that lack of motivation is an issue that could provide a key.



2.7 Theme 7: Mainstreaming

Paul Brown, Deputy Director, South West Public Health Observatory

The fundamental question to be answered is:

to what extent does the South West of England make health a cross sectoral issue?

The evidence, discussion and conclusions are summarized into a series of key findings, which inform a provisional judgment regarding the South West Regional level (1 to 3), for discussion across the wider group.

Key findings:

1. Nationally, there are various commitments to addressing health using a cross sectoral approach (e.g. PSA commitments), but there is evidence that these policy commitments do not always play out in practice.
2. There is a strong national, regional and local health policy commitment to health inequalities, and an acceptance that these are best tackled through cross sectoral work.
3. Health as a sector is referred to in a number of key regional strategies, but these are relatively unsuccessful in addressing health issues using a cross sectoral approach.
4. There are a number of success stories at a local level in the south west, where there is a strong commitment to joint health and local authority working, and the LAA process.
5. This local cross sectoral activity is sometimes hampered by variations between the priorities and accountability frameworks of the various partners.
6. Some example of themed cross sectoral service delivery through initiatives such as Children Centres, but these are very specific, and not the normal form of service delivery.
7. Main question posed, is whose responsibility is it to deliver mainstreaming, each policy area have reasons to remain in their silos.
8. A jointly accredited evidence base would also be useful, that could be used in all sectors.
9. Social capital and public input to the whole rounded discussion of health is difficult, as there is no one body to campaign to. Because the remit to deliver services is split, there is no natural forum in which public views on the whole (e.g. health, economy, transport, employment etc.) can be aired. Then again, this may be the focus of local and national democratic process?

Conclusion & Provisional score:

Overall there are strong national policy commitments to addressing health issues in a cross sectoral way. There is also evidence that at a local level, cross sectoral activity is being used to tackle health issues and their determinants. These local activities are being supported by the regional infrastructure, but there is an absence of regional policy commitment (in the form of various regional strategies) to dealing with health in a cross sectoral way.

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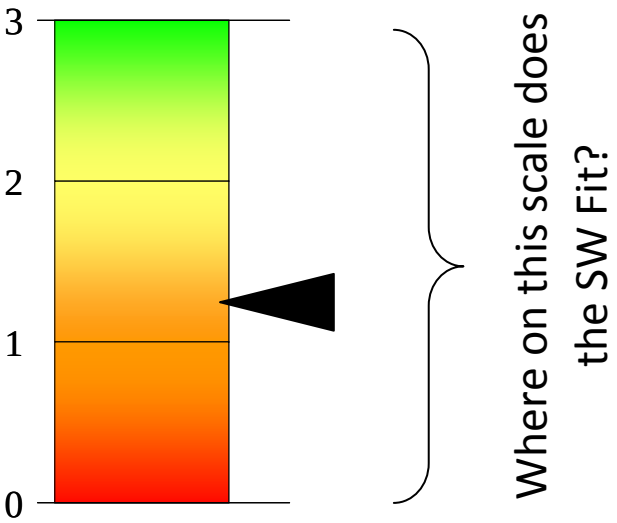
The proposed overall score is therefore, a low 1 (see diagram), because there are good examples of work within the region, but not a region wide commitment to making this happen.

Key message: Multi-sectoral work is difficult, and it is not one individual/organisation role to deliver, A strong regional strategic drive and infrastructure to support this through, for example the sharing of best practice, could make ease this burden.



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2.8 Theme 8: Health as an Economic Growth Sector

Paul Taylor, Policy Adviser, South West Regional Development Agency
Jonathan Coe, Head of Strategy, South West Regional Development Agency

This section outlines the main findings of the mapping process.

The fundamental question to be answered is:

To what extent does your region consider health to be an economic growth factor?

Key findings:

1. There are a number of key areas where the health and economic development agendas align. These are:
   - **NHS procurement**, and the major economic impact of the health sector more widely in procuring goods and services.
   - **Innovation and the biomedical sector** and the role of the health sector in fostering them, such as through collaboration with higher and further education institutions.
   - **Workforce development and skills,** and the importance of good health to enable people to participate in the economy, as a key proponent of strategies to tackle economic exclusion.
   - **Infrastructure provision** should consider health facilities as vital community infrastructure, but also important is the mutually beneficial role that quality infrastructure has to play for both healthcare provision and economic development.
   - **The NHS and place-making,** and the central role that the health sector has to play in the communities in which it operates.
2. So overall, an initial analysis would suggest that the linkages between health and economic development within existing regional strategies are sporadic and/or limited to specific issues (such as the provision of health infrastructure).
3. There is a perception – real or otherwise – that health policy and delivery is largely determined at national and local levels with limited flexibility at the regional level.
4. There is perhaps significant scope for improving how health is considered in relation to economic development.
5. This theme looks at the three regional strategies that influence economic growth in the region: The Regional Spatial Strategy (RSS), the Regional Economic Strategy (RES) and the Integrated Regional Strategy (IRS).
6. The IRS scores highly as it references health issues or objectives across each of its 5 aims. However, it is difficult to assess whether health was 'applied systematically' throughout the process of developing the document.
7. As the regional blueprint for spatial planning, the RSS contains a variety of references to health – primarily in terms of ensuring provision of appropriate health infrastructure within the region's expanding settlements. However there are relatively few other links made between health and economic growth in the strategy.
8. There are a small number of explicit references to health as an economic growth factor in the RES – primarily relating to the growth potential of bio-medical sector, and the role that public sector procurement plays in stimulating (or otherwise) local and regional supply chains. There are a number of more implicit references such as, for example, the commitment to implementing best practice in the design of new developments (such as 'building in' infrastructure for healthy living) etc. However, overall health is not included across the strategy.

Conclusion & Provisional score:

Overall, health as an economic growth factor can be deemed to be at the lower end of level 2 (health is sporadically included as a topic in some administrations and strategies across the regional and municipality level) based on the analysis summarised above. However, this masks differing approaches to how heath is reflected in the three strategies considered.

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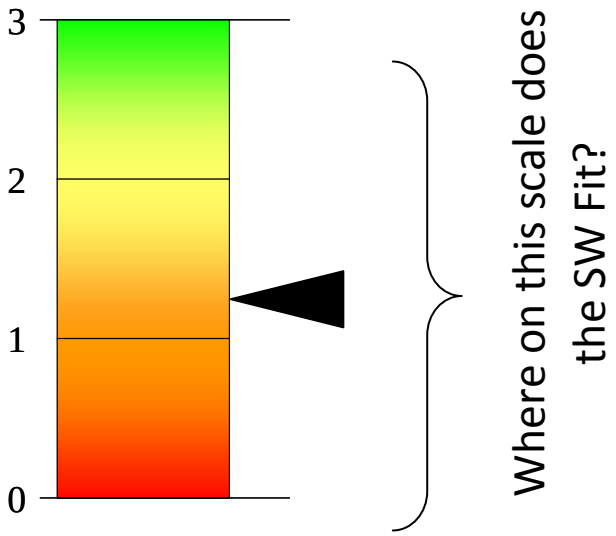
Analysis of health as an economic growth factor has been a useful activity in order to consider how the new Single Regional Strategy, (as currently proposed in the *Review of Sub National Economic Development and Regeneration*), may be taken forward.

Key Message:

Health is recognised in regional strategy, but this does not necessarily follow through to distinct actions.



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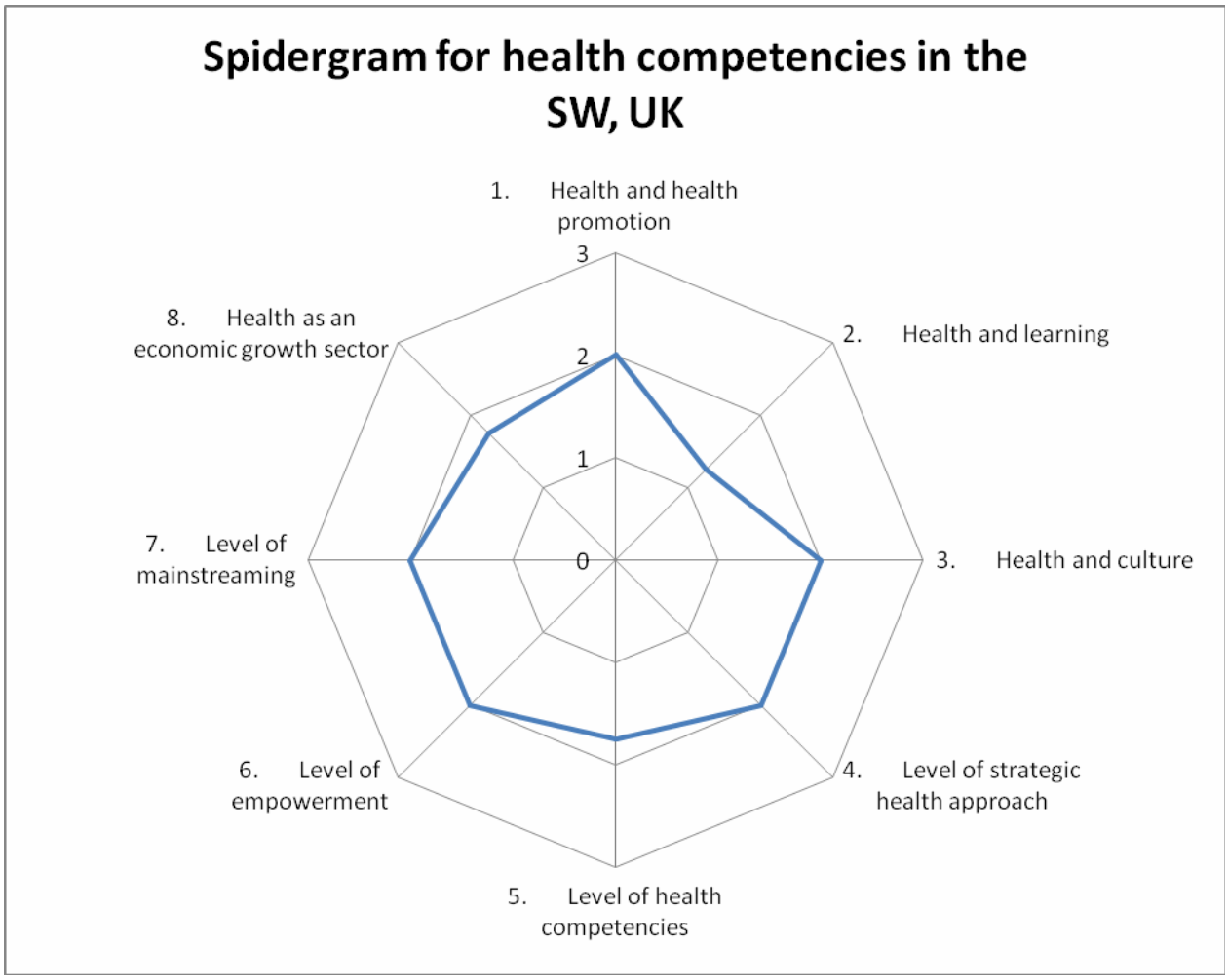

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When Well being Creates Economic Growth

Annex 1

Dialogue tool

Introduction

This mapping tool has been created within the frame of the "Healthy Regions" project, financially supported by the EU Public Health Programme.

The dialogue tool covers the following themes:

1. Health and health promotion
2. Health and learning
3. Health and culture
4. Level of strategic health approach
5. Level of health competencies
6. Level of empowerment
7. Level of mainstreaming
8. Health as an economic growth sector

Definitions are provided to set a frame for each theme. Based on the definitions and your understanding it is possible to rate the region in three levels. To guide you to define the levels, examples are provided for each theme.

After having rated all 8 themes from 1 to 3, you can introduce the ratings on the "spider web" and draw a line between all ratings. It is possible to give ratings for your wishes for the future and introduce these ratings in the "spider web" with a different color. In this way, you get a visual overview of the present situation and where the development should lead you.

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1. Health and health promotion

What does it mean?

Health promotion is the process of enabling people to increase control over, and to improve, 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 realize 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 emphasizing 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***.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

Source: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

To what extent does your region prioritize health and health promotion?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

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2. Health and learning

What does it mean?

Health and learning are closely intertwined and the interaction between health and learning is evident at all ages, from early childhood through to the later stages in life.
Health and social factors have a profound effect on learning, while all types of education, not just health education, support good health. ***Health literacy and knowledge can be a pre-requisite to making healthier lifestyle choices***.
Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.
Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information, and their capacity to use it effectively, health literacy is critical to empowerment. Health literacy is itself dependent upon more general levels of literacy. Poor literacy can affect people's health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy[1].

More recently health literacy was defined as: '*The degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course'*[2] (2006).

Main Source:
http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/ResearchPresentations/?Language=EN

To what extent does your region use learning to improve health?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

[1] Nutbeam, D. (1998): Health promotion glossary. In: Health Promotion International, 13, 4, S. 349 -364.
[2] Kwan B., Frankish J., Rootman I. The Development and Validation of Measures of "Health Literacy" in Different Populations (2006) Vancouver: University of British Columbia Institute of Health Promotion Research and University of Victoria Centre for Community Health Promotion Research.

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When you examine present level, please provide evidence and examples here:

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3. Health and culture

What does it mean?

***Cultural activities and cultural consumption are valuable complements to rehabilitation and treatment. Arts in hospitals and art as a resource for care has been developed in many countries through the last decades. However more recent scientific findings also show close links between health and being an active consumer of culture or having leisure time activities. A widening of the participation net in the cultural life in a population could be beneficial to its health. On a structural level "culture for health" contributes to fulfilling public health objectives*.**

In addition to the overarching aim of creating social conditions for good health on equal terms for the entire population, several domains of public health objectives are particularly relevant to the importance of 'culture for health'. The first domain concerns participation and influence in society. Cultural activities have an intrinsic value but also the social context within which it takes place has a positive impact on health.

Furthermore, cultural factors concern the importance of secure and favorable conditions during childhood and adolescence. It is particularly important for the health and development of young people to ensure that the physical, mental, emotional, social, intellectual and spiritual aspects of health are taken into account. Children and young people should have the opportunity to develop in all these areas that includes artistic and cultural activities.

In working life, there are a number of examples of measures that use cultural activities to prevent exhaustion and ill health as well as promote and improve the health of the employees.

Culture can also have an impact on the ongoing discussion regarding the need for a more health-promoting health care where recent research points to the value of culture in care and rehabilitation.

The concept of culture in the field of public health is used in its broad sense to in-corporate individual creativity and artistic expression as well as leisure time activities, nature and the environment.

An international strategy for the idea of nature, culture and health functioning together is developed by the association Nature-Culture-Health International, founded on November 12th 2004. The inspiration comes from a Nordic concept based on the idea of wholeness thinking and emphasizing:

- Nature, out-door life and environmental activities;
- culture, art, physical activity and diet;
- health promotion, prevention and rehabilitation.

The intention is to:

- increase participants own empowerment and participation in activities in relation to strengthening their own health, quality of life and function;

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- create growth in social networks that are encouraging and stimulating;
- motivate to work ability and to explore ways of coping in day-to-day activities.

MainSources and literature:
http://www.fhi.se/templates/mondosearch____5254.aspx?quicksearchquery=culture+for+health
http://portal.unesco.org/culture/en/ev.php-URL_ID=18716&URL_DO=DO_TOPIC&URL_SECTION=201.html

Gunnar Tellnes: Nature-Culture-Health as a Holistic Model. In Lee, YT, Kofler, Khaililow, E. Science Without Borders, Volume 2, 2005/2006. Innsbruck: International Academy of Science, 2006.

To what extent does your region use nature and cultural activities to promote health and well-being?	**Present level**	**Wishes to future level**
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

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4. Level of Strategic Health Approach

What does it mean?

A strategy is a broad framework for action which indicates goals, methods and underlying principles.[3] ***A strategic approach on health*** should bring together ***all sectors in working towards common health objectives***[4]**.**

The purpose of the European strategy (*Together for Health: A Strategic Approach for the EU 2008-2013*) is rather to put in place a new framework to set the direction of travel.The options therefore look at different ways of putting such a framework in place.

Three levels of strategic approach, adapted to a regional level, could be set as follows[5]:
Level 1 - No new health strategy: most recent guidelines from European Commission and World Health Organization are not taken into account in regional health strategies and health is considered only as cost.
Level 2 - Health strategy with enhanced intersectoral action at local level.
Level 3 - Health strategy with enhanced intersectoral action, structured cooperation with health agencies in the Region and other stakeholders, and binding targets.
The relationship between health and wealth is considered in strategic planning activities.

To what extent do your regional strategies for health follow European strategies for health?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

3 Naidoo, J. and Wills, J. (2000) Health Promotion: Foundations for Practice 2nd Edition, London, Bailliere Tindall

4 Accompanying document to the WHITE PAPER "Together for Health: A Strategic Approach for the EU 2008-2013". Impact Assessment.

5 Adapted by the Accompanying document to the WHITE PAPER "Together for Health: A Strategic Approach for the EU 2008-2013". Impact Assessment. (as cited above)

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5. Level of Health Competencies

What does it mean?

Competence refers to a person's underlying characteristics that are causally related to job performance[6]. Competence is defined in the context of particular knowledge, traits, skills, and abilities.
Competence can be defined as the ability to perform a specific task in a manner that yields desirable outcomes.
This definition implies ***the ability to apply knowledge, skills, and abilities successfully to new situations as well as to familiar tasks for which prescribed standards exist***[7].

Public health is about health promotion and disease and injury prevention through research, community intervention and education. It also is about eradicating health disparities. No matter what form public health assumes, its goal is always the same: to improve people's quality of life by focusing on health promotion and disease and injury prevention.
The Council on Linkages Between Academia and Public Health Practice (Council) developed the ***Core Competencies for Public Health Professionals*** to help strengthen public health workforce development. This list builds on ten years of work on this subject by the Council and numerous other organizations and individuals in public health academic and practice settings (https://www.train.org/Competencies/pb.aspx?tabID=94#definitions).
The Core competencies are the individual skills desirable for the delivery of Essential Public Health Services. Intended levels of mastery, and therefore learning objectives for workers within each competency, will differ depending upon their backgrounds and job duties.

The multi-disciplinary nature of public health means that practitioners will contribute to different areas of public health practice. In addition, to deliver healthy public policy there is a need to ensure specialists in other areas are trained to understand the health implications of their work and take effective action accordingly.

There are specific competencies for providing Essential Public Health Services.

The Ten Essential Public Health Services*

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety

6 Boyatzis, R.E. 1982. The Competent Manager: A Model for Effective Performance. New York. Wiley.

7 Lane, D.S., and V.S. Ross. 1998. Defining competencies and performance indicators for physicians in medical management. American Journal of Preventive Medicine 14:229–36.

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- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

* Source: Public Health Functions Steering Committee, Members (July 1995)

To what extent does your region provide the resources and infrastructure for people to live healthy lives?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

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6. Level of empowerment

What does it mean?

Empowerment has been defined as 'a process by which people, organizations and communities gain mastery over their affairs'[8]; with community empowerment as '***a social action process by which individuals, communities, and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life***'[9].
The World Bank has defined empowerment as 'the process of increasing capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes' to 'build individual and collective assets, and to improve the efficiency and fairness of the organizational and institutional context which govern the use of these assets'[10] and the 'expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives'[11,12]. WHO health promotion strategies have described community action and empowerment as prerequisites for health[13].
Empowerment is an action-oriented concept with a focus on removal of formal or informal barriers, and on transforming power relations between communities and institutions and government. ***It is based on an assumption of community cultural assets that can be strengthened through dialogue and action***[14].

Available at:
http://www.euro.who.int/eprise/main/WHO/Progs/HEN/Syntheses/empowerment/20060119_2

To what extent does your region facilitate the empowerment of its citizens?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

8 Rappaport J. Terms of empowerment/exemplars of prevention: toward a theory for community psychology. American Journal of Community Psychology, 1987, 15(2):121–148.
9 Wallerstein N. Powerlessness, empowerment, and health: implications for health promotion programs. American Journal of Health Promotion, 1992, 6(3):197–205.
10 What is empowerment? The World Bank, 2005, (http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTEMPOWERMENT/0, content accessed 30 November 2005).
11 Narayan D. Empowerment and poverty reduction: a sourcebook. Washington, World Bank, 2002.
12 World Health Organization. The Jakarta Declaration on Leading Health Promotion into the 21st Century. Fourth International Conference on Health Promotion. Jakarta, 1997 (http://www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf, accessed 15 November 2005).
13 Canadian Public Health Association, Health and Welfare Canada, World Health Organization. Ottawa Charter for Health Promotion. Adopted at an international conference on health promotion, The Move Towards A New Public Health, Ottawa, 17–21 November, 1986 (http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf, accessed 15 November 2005).
14 Freire P. Pedagogy of the oppressed. New York, The Seabury Press, 1970.

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7. Level of mainstreaming

What does it mean?

Mainstreaming of health, with the aim of ***integrating consideration of health issues and impacts into all relevant policymaking, both at the European level and national, regional and local levels***, it's the base of the new European Health Strategy: Health in All Policies (HIAP).[15]

To what extent does your region make health a cross sectoral issue?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

15 Accompanying document to the WHITE PAPER "Together for Health: A Strategic Approach for the EU 2008-2013". Impact Assessment.

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8. Health as an economic growth factor

What does it mean?

Health has been shown to be a 'robust and sizeable predictor of subsequent economic growth' in many studies looking at differences in growth between poor and rich countries. Health policymakers have long been arguing that 'health means wealth', that a healthy population is necessary for economic productivity and prosperity, and that this is a 'virtuous circle', as wealth also leads to better health.

The theoretical underpinning to the ***'health means wealth'*** argument was developed by Becker (1964) and then further developed and strengthened by Grossman (1972), who was the first to construct a model of the demand for health applying the human capital theory[16]. We know that ***health is determined by many factors***: genetic, economic, social, environmental and cultural and that economic models can contribute to widening health inequality; ***so a regional health strategy should be based on involving partners even outside the health sector to achieve health improvements.***

To what extent does your region consider health to be an economic growth factor?	Present level	Wishes to future level
Level 1: Very little		
Level 2: To some extent		
Level 3: To a great extent		

When you examine present level, please provide evidence and examples here:

16 Suhrcke M, McKee M, Stuckler D, Sauto Arce R, Tsolova S, Mortensen J. The contribution of health to the economy in the European Union. Public Health. 2006 Nov;120(11):994-1001. Epub 2006 Oct 4.

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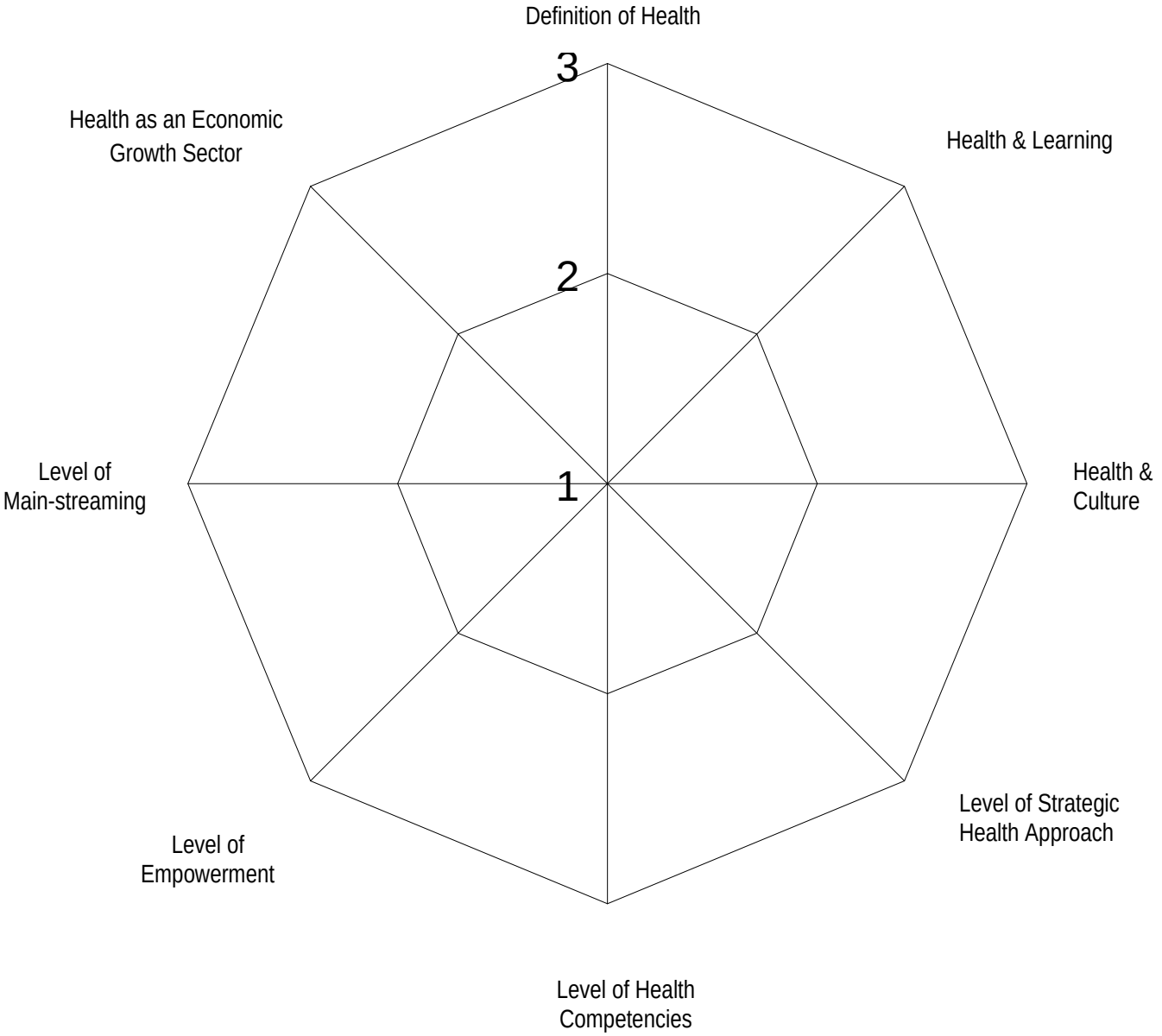
The Health Spider Web



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The following initiatives should be prioritized in the near future:
(E.g. describe briefly your temporary ideas for each subject and how to move on)

1. **Health and health promotion**

2. **Health and learning**

3. **Health and culture**

4. **Level of strategic health approach**

5. **Level of health competencies**

6. **Level of empowerment**

7. **Level of mainstreaming**

8. **Health as an economic growth factor**

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