

ANNEX I DESCRIPTION OF THE ACTION

OVERVIEW

1.1. Title

Healthy Regions – When Well being Creates Economic Growth

1.2. Priority area and action

Health determinants (HD 2006)

1.3. Summary (objectives, methods, expected results)

The objective of this project is to put health on the political agenda of regions in Europe, thus addressing the need to assist regions in looking at public health and prevention initiatives in a more strategic way. It will develop and implement a new concept for “Healthy Regions”, which shows how a pro-active, preventive, holistic, democratic and mainstreamed focus on health and well-being at a regional level can be an economic and social growth factor. The project will present practical methodologies that can assist regions to look at public health and prevention initiatives in a more strategic way, and become “Healthy Regions” that have the best foundations to reach the goals of the Lisbon strategy.

The project will draw on the healthy settings approach to support regions in Europe to think and act more pro-active and preventive, through promoting regional health and making it the “**easy choice**” to have a healthy lifestyle. It will develop a set of guidelines, recommendations and practical tools which make it easier for regions to develop health strategies and implement them on a practical level – close to the citizens, so that the “easy choice” becomes a reality.

The project will be based on the co-operation between 6 regions around Europe. It will start by identifying existing knowledge from other projects and known and accepted health related concepts from international organisations, which together with practical experiences from the regions will provide the foundation for the development of the concept for a Healthy Region and related guidelines. The regions will test the guidelines, recommendations and tools that it provides, to prove the concept’s functionality and to develop regional health strategies and practical pilot projects, which show how strategic thoughts can be implemented on a practical level, close to the citizen. The results will be gathered on a “European Healthy Regions” website, which will be presented at a European conference in Brussels.

2. OBJECTIVES

2.1 General objectives

This project will focus on the creation of a new regional concept called; “Healthy Regions”, that will be developed, implemented and disseminated within the participating

regions and on European level. The strategic objective is to make health a political prestige area, being highly placed on the political agenda, and to show on a political and practical level, how regions, through focus on health and well-being, can create social- and economic sustainable growth.

2.2 Specific objectives

1) At the **European level**, to develop, test and implement good practice methodologies that can assist regions to become “Healthy Regions” that have the best foundations to reach the goals of the Lisbon strategy, through exchange of good experiences and practices among the participating European regions and action learning on a regional- and local level.

2) At the **regional level**, to promote better and more effective public health investments in the participating regions through mainstreaming activities and better identification, governance and strategic use of the public health competencies.

3) At the **regional level**, to help the participating regions to show quality and effectiveness within health promotion and disease prevention, and achieve “Healthy Region” status

To reach the 3 specific objectives, the following intermediate objectives will be put forward and serve as milestones for the implementation of the project:

1a) To ensure that the concept of “Healthy Regions” make use of already existing knowledge from earlier projects, existing concepts and material from international organisations such as WHO.

1b) To develop guidelines, recommendations and tools that the regions can use in their strategic and practical work.

1c) To develop clear definitions of what makes a “Healthy Region” in terms of health aspects, quality, organisational capacity, democratic processes and empowerment.

2) To ensure that each participating region develops proposals for a regional health strategy. If the region already has a health strategy, a proposal to change the existing strategy will be developed which takes the Healthy Region concept into consideration.

3a) To ensure that each region tries out the good practice methodologies and gives examples of how to implement the regional health strategies on a practical level.

3b) To ensure that each region develops and implements 3 concrete pilot projects to show how the regional public health strategies and mainstreaming activities can be implemented on a practical level to create better public health, health equality and economic growth.

After the implementation of the pilot projects, evaluation will take place, and the “Healthy Region Concept” and it’s good practice methodologies and guidelines will be fine-tuned.

Target groups

On the political level, the target group for the project are the regional strategic decision makers within regional and local health authorities. Through the development of the good practice methodologies and guidelines, the objective is to make the decision makers aware of the possibilities to behave in a proactive way in terms of preventing health problems, hence in a longer perspective create an effective use of resources, a healthy population, health equality and economic growth.

On the practical level, the target group are health professionals and other stakeholders, such as school teachers, adult teachers, public health visitors, health care personnel, health consultants, business consultants, HR managers, business consultants, youth leaders and other regional actors who are in contact with representatives from the target group on the individual level. Through the pilot projects, representatives from this target group will be more aware of how they can participate actively to bring the regional health strategy on a practical level.

On an individual level, the end users are the general public and citizens, e.g. parents, children, teenagers, workers, socially excluded people, who through the pilot projects that support the regional health strategy, will receive different kinds of health training and information. Through the pilot projects, the individual will be more aware about how he or she can engage themselves and participate actively as to create better health either within their family, workplace and / or school.

2.3 Indicators chosen

As the project is working on both a strategic and practical level, different kinds of indicators will be used. On the one hand, a series of indicators are given, linked to the specific objectives of the project both at the strategic and practical level. These indicators refer to the short-term ("proximal") outputs of the project. On the other hand, a set of indicators is also identified referring to the long term outcomes of the project. As the nature of the project is highly strategic, focusing on developing good practice methods and guidelines, and showing concrete ideas on how to implement regional health strategies on a practical level, only limited results linked to individuals will show up during the actual project period. These results will only be a reality when regions have worked actively with the "Healthy Regions" concept for some time.

Process indicators

In relation to objective 1:

- 1a) Strategic work in the regions should be based on the guidelines and methodologies that are developed in the project
- 1b) A better overview of regional health competencies
- 1c) A better understanding of how health can be a strategic factor within the regional development
- 1d) A concrete proposal elaborated for a regional health strategy or a proposal to an additional or revised strategy if the region already has a written health strategy

In relation to objective 2:

2a) More regional and strategic focus on the importance of health promotion and preventive public health investments

2b) Better regional understanding of the long term economical benefit of investing more in health promotion and disease prevention instead of focusing mostly on better treatment

In relation to objective 3:

3a) An understanding and acceptance of the concept “Healthy Regions” within the participating regions

3b) Regional health strategies should show signs of mainstreaming activities

3c) Pilot projects and other activities on a practical level should show use of the principles of the “Healthy Regions” concept

3d) Signs of a clear relation between the regional health strategy and the themes in the pilot projects.

3e) At least 3 participating regions meet the criteria for being a “Healthy Region” by the end of the project.

Longterm Indicators

A: Quantitative indicators:

A1) Higher preventive public health investments

A2) More enterprises with official health policies

A3) More schools with official health policies

A4) More health related activities in enterprises, schools and other public places.

A5) More senior policies within enterprises

A6) More concrete health activities towards families

A7) More entrepreneurs within health related industries

A8) Regions outside the partnership show interest in using the “Healthy Regions” concept

B: Qualitative indicators:

1) Public health as a political prestige area

B2) More strategic use of regional public health competences

B3) Visual regional “public health branding”

B4) More effective use of public health investments

B5) Better health policies within schools and enterprises

B6) Better health- and working conditions in enterprises and schools

B7) Better senior policies within enterprises

B8) Better health impact assessment

2.4 Rationale and relative merits of the project

In the Europe of today, regions are important as economic engines, decision-making centres and important links between local units and the national and supranational structures. The citizens want regions to provide services that assist them to experience quality in life and personal development.

However, many regions face serious social- and health problems; avoidable death, disease and disability, deeply rooted inequalities in health affecting communities, families and individuals, economically well-functioning but stressed families, and at times overstrained services. As health problems within a region lead to increased social problems and economic costs, regions have to tackle these problems. Moreover, regions have an important role to play in prevention and health promotion as very often it is the regional authorities who make decisions and run services that provide care, protect the environment and quality of life and take action on the ground to create a healthy, informed and prosperous society. As such, there is a growing awareness of the need for co-ordinating regional policies and initiatives to promote public health and well-being.

But public health is not yet a political prestige area, and political discussions about public health is often concentrated on initiatives and activities to cut costs. Health is too often considered as a cost, and not as a resource for the region.

This project tries to address this issue by taking the opposite view, namely that public health – as shown in the growth needs pyramid in figure 1 below - is a fundamental factor for the innovativeness, and that regions through a strategic focus on public health can save money and create economic growth simultaneously. It tries to see the public health together with regional development more from a bottom-up process than the traditional top-down process. The expected outcome of the project is that the focus on health investments is changed from “something we *have to deal* with because citizens do get sick from time to time” to “something we *want to deal* with because the well-being of our citizens makes our region grow and develop”.

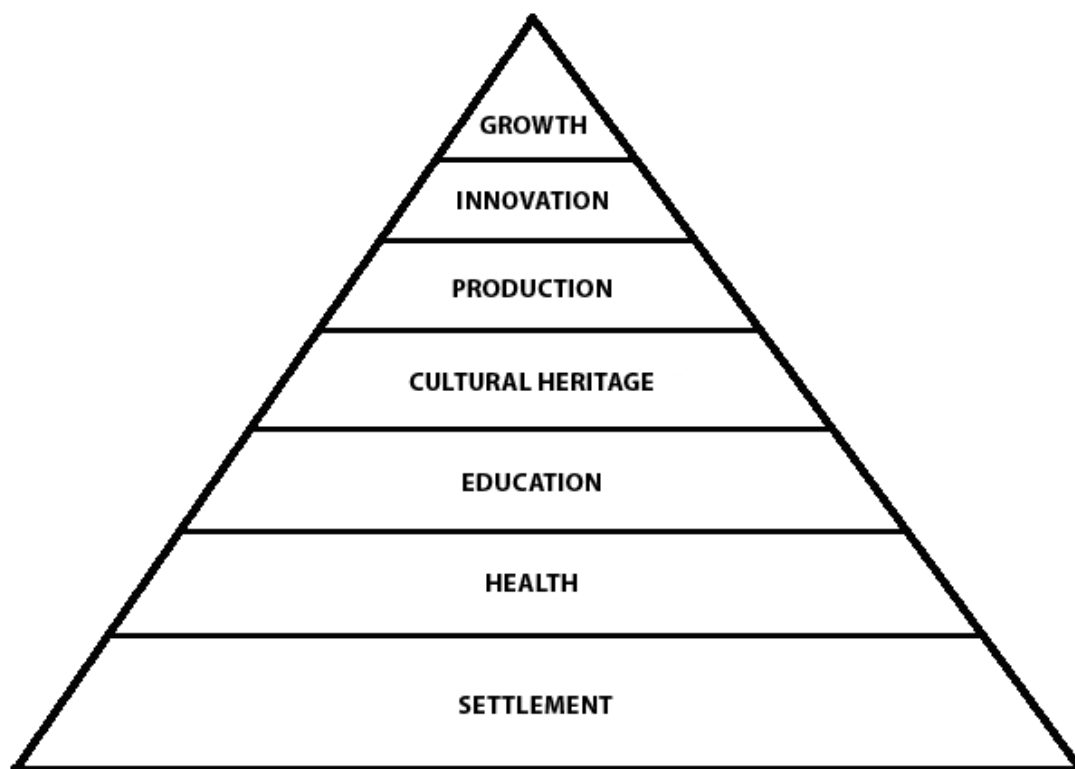


Figure 1 – The Growth Needs Pyramid

The project shows how regions can work strategically with public health, and in this way 1) create well-being and health for the citizens, 2) make the region a “healthy region” , i.e. a region where politicians make more pro-active and positive health investments, which have a good image and where people from other regions would like to live, 3) more effectively use regional resources, and 4) make public health and well-being a regional economic innovation / development potential and growth factor for the region.

Through the project we want to develop methods that show how regions, by focusing on public health, gain in many ways. First of all, the region creates a regional image, which takes the individual’s and the families’ well-being seriously and therefore is an attractive place to live. Secondly, the region saves money on combating health problems and health inequality. Thirdly, the region creates economic growth through a serious development of health related industries and innovative activities.

The aim of the project is to contribute to the creation of healthy and socially inclusive European regions, in which all citizens are given the opportunity to share its economic success. It is a strategic objective of the project to strengthen economic and social cohesion and reduce disparities by facilitating appropriate patterns of development and other activity, as a way to reach the goals of the Lisbon strategy.

The approach will be modelled on the health promotion approach as applied to other settings including workplaces, schools, hospitals and prisons. This project is therefore innovative in that a well-known and effective approach is applied to a new setting.

3. EXPECTED RESULTS

3.1 Outcome

The expected result of this project **at a European level** is to show the evidence of the growth needs pyramid, by providing a more significant and important role for health within the political agenda of regions. If the project becomes a success and we manage to promote the concept of healthy regions on a political level. Specifically, the outcomes will involve:

- Policy recommendations on how to become a “Healthy region”
- A conceptual paper drawing up existing experiences
- A methodology to map regional public health competences
- A web-site where regions can find inspiration and download the following
- Guidelines on mainstreaming activities within public health
- Guidelines on how to make regional health impact assessment
- Public health project catalogue
- Good practice catalogue showing results from the implementation
- A conference in Brussels, focusing on the concept and implementation of “Healthy Regions”

On a **regional level**, the expected outcomes of the project are:

- a clear definition of what makes a “Healthy Region” in terms of health aspects, quality, organisational capacity, democratic processes and empowerment.
- a guideline and tool based on existing knowledge from earlier projects, existing concepts and material from international organisations, which regions can use in their strategic and practical work
- an overview of the regional public health competences, and SWOT analysis of regional public health competences in relation to Community policies and initiatives
- the development of proposals for regional health strategies by the participating regions or, for regions that already have a health strategy, a proposal to change the existing strategy taking the Healthy Region concept into consideration.
- the use of good practice methodologies to implement the regional health strategies on a practical level.
- the development and implementation of 3 concrete pilot projects by each participating region, showing how the regional public health strategies and mainstreaming activities can be implemented on a practical level to create better public health, health equality and economic growth.

3.2 Deliverables

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Delivery date</i>	<i>Nature</i>	<i>Confidentiality level</i>	<i>Dissemination</i>
D 1	Conceptual paper based on results from former projects and guidelines from other international organisations	M3	Report	Public	On the web-site
D 2	A methodology / a set of guidelines on how to map regional health competencies	M3	Methodology and guidelines	Public	On the web-site
D 3	A map based on a SWOT analysis, showing each participating region's health competencies, including an analysis of the competencies in relation to Community goals and strategies.	M8	Report	Project team	On the web-site and at regional meetings
D 4	A European concept for Healthy Regions	M12	Report	Public	On the web-site and at regional meetings and articles
D 5	A set of policy recommendations for Healthy Regions including strategic guidelines and tools.	M12	Report	Public	On the web-site and at regional meetings and articles
D 6	A regional health strategy for each participating region.	M18	Report	Project Team	On the web-site and at regional meetings
D7	Intermediate technical and financial report	M18 + 2	Report	Project Team, PHEA	Report to be distributed to the PHEA and project team
D 8	Public Health project catalogue	M22	Report	Public	On the web-site and at regional meetings and articles

D 9	App. 18 (3 projects in each region) public health pilot projects will be implemented	M33 – 35	report	Public	On the web-site and at regional meetings and articles
D 10	A regional seminar in each participating region	M33 – 35	Seminar	Public	Invitations and articles in local news papers
D 11	A European “Healthy Regions” web-site	M36	Website	Public	On the web-site, at regional meetings, during the European conference and articles
D 12	A European “Healthy Regions” Conference	M36	Conference	Public	Invitations
D 13	Internal and External evaluation report	M36	Report	Project Team, PHEA	On the web-site and in the final report to the Commission
D 14	Dissemination	M1 – M36	Articles	Public	Website and articles in local, regional, national and European press
D 15	Final Report	M36 + 2	Report	Project Team, PHEA, Commission	Report to be distributed to the PHEA and project team

4. METHODOLOGY

4.1 Methods used, references, significances

1) Administration & management (WP 1-3)

The overall responsibility for the administration and management of the project lies with South Denmark European Office, who is the lead partner. Strategic and conceptual projects like this one can easily risk failing, if the project team is heading for one single solution of the challenges put forward. The participating regions come from different cultures and it is important that these cultural diversities are respected at the same time as we try to develop a common European product. This is the central issue and challenge of European co-operation, and is the reason why, SDEO will chose a bottom-up approach and “a participating management style”. This means that common templates, guidelines and recommendations are produced and provided, but that the trial out and use of these guidelines are decided upon by the regional partners so that it does not conflict with cultures or other regional initiatives.

Dissemination activities will be the overall responsibility of the project management and a detailed dissemination plan will be developed during the kick-off meeting. SDEO will make sure that the subject is discussed in details during the kick-off meeting and that all partners follow the dissemination strategy. SDEO will have the responsibility of dissemination on a European level, and each region will make sure that dissemination about the project and its results are made on local, regional and national level. SDEO has the overall responsibility to follow up on the dissemination strategy and assist the regional partners in their dissemination activities as to make sure that the same overall message about the project is provided everywhere.

Internal and external evaluation is foreseen in the project. Internal evaluation will take place during each partner meeting. First of all through close dialogue, presentation and fine-tuning of the results obtained, but also through questionnaires that the participating will be asked to fill out, focusing on the process within the project.

External evaluation will be taken care of by an external consultant, and will start as soon as possible, so that the co-operation with the consultant can be used as coaching for the project management. It is foreseen that the external evaluation will focus on three subjects; 1) project management, 2) project process and regional impact and 3) dissemination and (European) sustainability.

2) Public health on a strategic level (WP 4-7)

The first activity to be carried through within this category of work packages is to draw up a conceptual paper, describing the foundation that the further work in the project should be based on. This paper will show how we can use results and information from other projects, notably projects run by WHO. Of special interest for our project are e.g. topics like regions for health, healthy settings, healthy cities and health capacity building. These topics have been developed and are accepted concepts with many indicators, definitions and assessment tools can be used and adapted to our specific need in terms of developing a concept for Healthy Regions.

The conceptual paper will be used to develop a template for the regions to map their regional health competencies and to carry through a “Health SWOT analysis” for each region.

On the basis of the conceptual paper, the mapping exercise and the SWOT analysis, a “good practice” concept for Healthy Regions will be drawn up, including guidelines, policy recommendations and practical tools, such as a self assessment form.

The last activity within the category of the strategic work packages, is the presentation of a proposal for a mainstreamed regional health strategy within each participating region.

The strategic work takes its departure in the results of an Article 6 project where 3 of the partner regions from this project have developed new- or presented already known - methods and tools to identify regional key competencies and carry through a pro-active, democratic and strategic regional development. When going through topics like health related capacity building, the article 6 project provides tools close to the principles described here, namely empowerment, democratic bottom-up processes and broad regional collaboration between important organisations, as to provide a holistic view and development of the region.

The most relevant tools from the Article 6 project that we will employ in this project are 1) The Regional Signal Panel, 2) The Scenario Planning Process, 3) The Round Table Dialogue and 4) The Delphi method . These four tools will be used to carry through a proactive and democratic process as to describe a regional health strategy and prioritize areas of action. Using these tools will make it possible for the participating regions to involve relevant regional actors within health and will also make it possible to involve citizens groups. For more information, please visit the website www.regionalkeycompetencies.eu, where all tools and methodologies from the project can be downloaded.

3) Public health on a practical level (WP8-10)

WP 8 to WP 10 will be carried out on a practical level. Through exchange of experiences and ideas a project catalogue will be developed containing practical examples on how regions can work actively with health promotion and disease prevention.

Based on the interests of the partners, the project catalogue will focus on three different fields. The regions choose one project within each field to implement during the project. The 3 fields are: 1) health in the family, 2) health at the workplace, 3) health in schools. This means that a minimum of 3 projects x 6 regions = 18 pilot projects will be implemented during the project.

As part of the monitoring, the regions will report back on the implementation of the pilot projects through questionnaires, which will also serve as an evaluation of the pilot projects. These questionnaires will be designed as to give input from both project partners (associated and collaborating) and end users of the pilot projects.

The last work package will be used to draw up good and bad experiences from the whole project. The “Healthy Region Concept” and its strategic policy recommendations and guidelines from work package 6 will be adjusted and fine tuned according to our practical experiences, and a set of guidelines in relation to the implementation of practical health promotional projects and health impact assessment will be developed.

4.2 Analysis of the risks and contingency planning

An overall issue of concern is to which extent the project partners are capable of reaching the policy makers in a constructive way. European countries have different cultures on how to co-operate and communicate with policy makers. Where the Nordic countries have more tradition to involve the policy makers in an early stage, Southern Countries tend to have more dialogue with policy makers on a later stage, when a final product is ready to be presented. As the policy makers are an important target group, and the success of the project depends very much on the political understanding of the concept and value of strategic health planning, it is important that we are aware of this issue when we discuss and plan the dissemination activities during the kick-off meeting. Each region should on a very early stage make plans on how and when to enter into a dialogue with the policy makers.

The pilot projects serve as a tool to implement strategies on a practical level. We have foreseen almost one year for the implementation of pilot projects, and thorough follow up and management is therefore needed within this period of the project, as to keep the engagement within all partners and make sure that the project stays on track.

Partner meetings have been foreseen during this period, and regular reporting will also be introduced as to coach the process in the best way. During the kick-off meeting we will discuss if the regional network in Brussels, where all partners are represented with a regional office and where the project manager is also placed, can be used as a forum to keep the project on track during this sensitive period.

Moreover, as to monitor the implementation period, a template with questions will be developed, which will be the foundation for the partner regions to report back to the project management. The reporting activities will be supported with e-mail correspondence, telephone meetings and web based meetings will also be tried out as an instrument to monitor the implementation phase.

An overall risk is that partners do not deliver the work that was foreseen in the project description. Based on other project experiences, South Denmark European Office only makes payments to partners on the basis of invoices. The experience is that this practice stimulates partners to deliver their work and submit invoices in time.

4.3 Work package overview

<i>Work-package (WP) No</i>	<i>Work package title</i>	<i>Lead partner</i>	<i>Number of person days</i>	<i>Global cost (€)</i>	<i>Starting date</i>	<i>Ending date</i>	<i>Deliverable No</i>
WP 1	Coordination of the project	SDEO	460	140148,44	M1	M36	D 7 & 15
WP 2	Dissemination of the results	SDEO	255	102479,25	M1	M36	D 9, 10 & 12
WP 3	Evaluation of the project	Region of South Denmark	260	107749.00	M1	M36	D 13
WP 4	Conceptual Paper	South West Regional Health Observatory	139	46010.00	M1	M3	D 1
WP 5	Mapping and analysis of regional health competencies	Veneto Region	248	96110,61	M3	M8	D 2 & 3
WP 6	Definition of healthy regions and development of policy recommendations	ULB	126	58232,61	M7	M13	D 4 & 5
WP 7	Development and mainstreaming of regional health strategies	NIACE	264	103476,16	M12	M18	D 6
WP 8	Development of project catalogue	Östsam	71	39684,16	M18	M23	D 8

WP 9	Implementation of concrete pilot projects	SDEO	1000	352043,51	M22	M34	D 9
WP 10	Drawing up recommendations for practical implementation	Heinrich-Böll Institute	197	111098,16	M31	M36	D 8 & 11

4.4 Time schedule

Work package	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24	M 25	M 26	M 27	M 28	M 29	M 30	M 31	M 32	M 33	M 34	M 35	M 36	
WP 1		PM	D1	D14		PM					PM		D14					PM		D7		PM				PM										PM	D15
WP 2																																	D9	D10		D12	
WP 3																																				D13	
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WP 5			D2				D3																														
WP 6												D4	D5																								
WP 7																		D6																			
WP 8																							D8														
WP 9																																					
WP 10																																				D11	

PM = Partner meeting

D = Deliverable

5. WORK PACKAGES DESCRIPTION

5.1 Work package n° 1: Coordination of the project

5.1.1 *List of partners involved*

- South Denmark European Office (lead partner)
- The Region of South Denmark (regional contact org for DK)
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West (web master)
- Sønderborg Sygehus
- Östsam (regional contact org for SE)
- Örebro County Council
- County Council of Östergötland
- Niace (regional contact org for UK)
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein (regional contact org for DE)
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles (regional contact org for BE)
- CRIOC
- Veneto Region (regional contact org for IT)

5.1.2 *Description of the work*

The objective of the work package is to ensure sound organisational and financial management of the project, where the overall and specific objectives of the project are reached.

The overall responsibility for the administration and management of the project lies with South Denmark European Office, who is the lead partner. Strategic and conceptual projects like this one can easily risk failing, if the project team is heading for one single solution of the challenges put forward. The participating regions come from different cultures and it is important that these cultural diversities are respected at the same time as we try to develop a common European product. This is the central issue and challenge of European co-operation, and is the reason why, SDEO will chose a bottom-up approach

and “a participating management style”. This means that common templates, guidelines and recommendations are produced and provided, but that the trial out and use of these guidelines are decided upon by the regional partners so that it does not conflict with cultures or other regional initiatives.

The project is constructed with very clear workpackages, where a deliverable is foreseen in each work package together with a partner meeting. All partners are expected and engaged to deliver and present their achievements during the partner meeting.

A kick-off meeting will be arranged in Denmark, with the main goal of getting to know all partners well and revise the project and the work plan and make specific agreements, deadlines and common formats in terms of deliveries, and decide specific dates for the partner meetings in the project, so that all partners have a clear picture of all possible “When, How and Why” questions.

The day-to-day monitoring is the responsibility of SDEO, in close co-operation with the partners, and the main role of the project manager will be to coach, lead and encourage the partners to perform what is described in the project and in the individual partnership agreements. It is also the role of the project manager to make sure that the work going on in the regions can be integrated in the European product, and with the general overview of the project, the project manager will be able to make decisions about changes and design the visual presentation and structure of the final products.

The dialogue forum on the project website, regular telephone calls, e-mails and web meetings will be the main instruments to monitor the day-to-day implementation of the project. Moreover, all participating regions have representations in Brussels, and the lead partner is placed here, so we will try to use the “Brussels scene” to create a monitoring system where people easily can meet without any travel costs.

The contact organisation in each participating region will also be part of a steering committee group. Web meetings will be arranged for this group, and just before each partner meeting the group will meet to make an overall status of the project.

7 partner meetings have been foreseen in the project, and all of them – except the kick-off meeting – will serve as a “closing activity” of a work package and “opening activity” of the following work package. It is foreseen that all partners participate at the partner meetings, so that the meetings can serve as a forum for exchange of experiences.

SDEO will as lead partner make sure that all partners get individual partnership agreements and budgets, so that all partners know exactly what kind of financial engagement they have within the project.

As for the financial management, SDEO is requested by law to manage our finances through a very professional account system (Concorde) which allows us to run specific financial departments / accounts for each project. Whenever payments are made for an individual project, it will immediately be registered under each financial department, hence it is very easy for us and for external auditors to follow all financial movements,

The distribution of funds between the partners will be based on invoices, with sufficient documentation on consumption, such as signed timesheets, signed per diem sheets, original or certified bills, and original boarding passes. Payments will also follow the structure of the project, and partners are entitled to send invoices after each partner meeting.

During this work package, the web-site will be opened up, and will at this early stage function as our internal communication and monitoring tool, with a dialogue forum and storage of all files relevant for the project. But as we get along with the project, the web-site will become the visual product of the project, where other regions in Europe can find inspiration and concrete tools and methodologies to start working with public health as a strategic factor and the concept of “Healthy Regions”.

5.1.3 Milestones

<i>Date</i>	<i>Milestone</i>
M1	Website with dialogue forum
M2	Kick-off meeting
M6	2 nd partner meeting
M11	3 rd partner meeting
M18	4 th partner meeting
M22	5 th partner meeting
M26	6 th partner meeting
M 36	7 th partner meeting
M20	Interim Report
M38	Final report

5.1.4 Deliverables

All partners will receive individual partnership agreements and budgets.

Partner meeting with minutes

Web-site with dialogue forum and monitoring system.

5.2 Work package n° 2: Dissemination of the results

5.2.1 Partners involved

- South Denmark European Office (lead partner)
- The Region of South Denmark (reg. rep for dissemination)
- Business Academy West (webmaster)
- Östsam (regional rep for dissemination)
- Niace (regional rep for dissemination)
- Heinrich Böll-Stiftung Schleswig-Holstein (regional rep for dissemination)
- CRIOC (regional rep for dissemination)
- Veneto Region (regional rep for dissemination)

5.2.2 Overall strategy and methods

Dissemination channels at the European level:

- Website
- European conference
- The Committee of Regions
- The European Commission, notably DG Sanco and DG Regio
- The European network ERRIN – the European Regions Research and Innovation Network
- EUREGHA The Regions for Health Network
- WHO, notably the Alliance for Healthy Cities and Regions for Health Network

The main channel of dissemination, and the issue that we product we want to promote on a European level, will be the Healthy Region website. We will opt for the web address www.healthyregions.eu and regions will find all necessary inspiration to start the work to become a healthy region, and download the project materials.

The final conference aims at presenting results and the concept “Healthy Regions” by reaching a broad range of audiences such as EU officials and politicians, European based networks and regional politicians, policy makers and practitioners. South Denmark European Office will be responsible for the organization of the final conference, and as we are member of several regional- and professional networks in Brussels, we will opt for an organization of the conference in close co-operation with some of these networks. In particular we are considering the ERRIN and the EUREGHA network, which again has a close co-operation with CoR, which is relevant for the dissemination of the project.

The actors that we find relevant to invite to the conference are e.g. representatives from the regional offices in Brussels, representatives from DG Sanco and DG Regio, representatives from CoR and European Parliament, representatives from WHO and OECD and other professional organizations. The conference will be announced on the project website, and personal invitations will also be distributed. We count on sending out approximately 300 invitations, ending up with 100 participants at the conference.

Dissemination channels and tools at the regional level:

- Regional and local networks
- Pilot projects
- Local, regional and national press
- Information activities on an organizational and individual level

The broad range of collaborating partners covering regional and local networks ensures a broad implementation as well as dissemination. Among the collaborating partners the public authorities will play a vital role in keeping close relations to and involving regional policy makers from the very beginning of the project. Policy makers will be the main target group during the first part of the project (political level).

The variety of collaborating partners is also essential in regard to dissemination of concrete project ideas and good practices. Due to the composition of collaborating partners these results will be disseminated to local and regional SME's, committees, workers, youth associations, schools, health care centre and citizens as the collaborating partners all in their daily work interact and collaborate with a broad range of stakeholders from different sectors (practical level).

As the pilot projects will be carried out in local communities there is a good opportunity to put forward stories in local newspapers, radios etc. and thereby make the results visible for citizens.

Furthermore, the participating collaborating partners will be instructed in holding information activities such as meetings and/or workshops. In this way local stakeholders take active part in disseminating Healthy regions.

All partners will be encouraged to share their experience on the website, at partner meetings, at the final conference and with local and regional stakeholders.

5.2.3 Objectives

The objective of the work package is to disseminate the project and its results on both local, regional, national and European level, as to ensure the use, the success and the sustainability of the project and its results.

5.2.4 Description of the dissemination work

Dissemination activities will be the overall responsibility of the project management as SDEO will make sure that the subject is discussed in details during the kick-off meeting and that all partners follow the dissemination strategy. SDEO will have the responsibility of dissemination on a European level, and each region will make sure that dissemination about the project and its results are made on local, regional and national level.

The main activity within this work package is the development of the European web-site, which will be the monitoring and dissemination frame of the project and the main European visual product of the project. The overall responsibility for the development of the website lies with Business Academy West in close co-operation with SDEO. In the beginning of the project, this web-site will function as our internal communication and monitoring tool, with a dialogue forum and storage of all files relevant for the project. But as we get along with the project, the web-site will become the visual product of the project, and the main dissemination tool where other regions in Europe can find inspiration and concrete tools and methodologies to start working with public health as a strategic factor and the concept of “Healthy Regions”.

A European conference is foreseen in the end of the project, and will be held in Brussels because of our good network with other regional offices and accessibility to other relevant European networks and other actors. The aim of the conference will be to disseminate the results of the project, and especially to inform other regions, EU officials, MEP’s and other stakeholders about the concept of “Healthy Regions”. We will opt for an organisation of this conference in co-operation with e.g. CoR and EUREGHA.

Within each country of participation, the associated partners will make sure that dissemination activities take place, and an amount has been allocated to each participating region to host a seminar, where regional stakeholders can be invited.

Associated partners will make sure that articles are written and published in relevant magazines and news papers.

5.2.5 *Milestones and deliverables*

<i>Date</i>	<i>Milestone</i>
M1	Opening up of Healthy Regions website
M2	Clear dissemination plan
M5	Dialogue with collaborating partners and other representatives from the end users should begin
M18	Dialogue with regional policy makers should be established
M10	The concept for Healthy Regions is developed at this stage so it is an obvious moment to disseminate on both European and regional level
M18	Regional strategy should be developed at this stage so it is an obvious moment to write regional articles etc. Information about pilot projects should start at this moment as well
M33 - 36	Information about results of pilot projects and invitation to final conference
M36	Final conference – official launch of web-site

A European “Healthy Regions” web-site.

A European conference in Brussels.

A regional conference in each participating region.

Articles in magazines and newspapers.

5.2.6 *List of stakeholders*

- 1) Local and Regional Policy makers
- 2) Regional, national and European public health actors
- 3) Schools, family councillors, occupational health consultants etc.

5.3 Work package n° 3: Evaluation of the project

5.3.1 List of parties involved

- South Denmark European Office (lead partner on internal evaluation)
- The Region of South Denmark (lead partner on external evaluation)
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region

5.3.2 Description of the work and methodologies

Internal and external evaluation is foreseen in the project. Internal evaluation will take place during each partner meeting. First of all through close dialogue, presentation and fine-tuning of the results obtained, but also through questionnaires that the participating will be asked to fill out, focusing on the process and management within the project.

The project is constructed in such a way that methodologies, guidelines and pilot projects are developed and discussed among the partners, where after a concrete implementation phase takes place in each region. Hence, the implementation phase serves as a trial out period and an internal evaluation of the products.

External evaluation will be taken care of by an external consultant contracted by the Region of South Denmark, and will start as soon as possible, so that the co-operation with the consultant can be used as coaching for the project management. From other projects, it is our experience that the project and its partners get most out of the external

evaluator if this person is engaged rather early in the project, and we will try to engage this person when the project has been running for a year. After a year, the project is well up and running, the project partners know each other well, and we already have some results and processes to discuss and evaluate.

It is foreseen that the external evaluation will focus on three subjects;

- 1) project management,
- 2) project process and regional impact and
- 3) dissemination and (European) sustainability.

And the key indicators for the evaluation will be the following:

- 1) Innovativeness of the project and it's results
- 2) Usability of the project results (website, guidelines, tools etc)
- 3) User acceptance (among the different target groups)
- 4) Impact and sustainability

The evaluation of the project will be based on the indicators specified under section 2.3.

The external evaluator will be selected through a restricted invitation to tender.

<i>Date</i>	<i>Milestone</i>
M8	Invitation to tender
M12	External evaluator should be engaged
M1 – M36	Questionnaires during each partner meeting
M25, M28, M31	Evaluation template on pilot projects
M20	Interim report based on internal evaluation from partner meeting
M36	Final report including external evaluation report.

5.4 Work package n° 4 - Conceptual Paper and Mapping Template

5.4.1 *List of partners involved*

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group (lead partner)
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region

5.4.2 *Objectives*

The objective of this work package is to make sure that our work is based on existing experiences from other projects, concepts and work from other international organisations that have already worked actively in similar subjects.

5.4.3 *Description of the work*

The conceptual paper will show how we can use results and information from other projects and will be used as the foundation for the further work in the project. Input to this paper will come from different sources, being:

- 1) Experiences from partners (practical projects on regional and local level and academic input from academic partners)

The partners will for the kick-off meeting be asked to prepare a short “snapshot” of their region, focusing on their current health situation and areas where they want this project to assist them on how to improve their strategic work with health as a regional key competence.

- 2) Experiences from other international projects and organisations, notably WHO, CoR, European Commission etc.

Before the kick-off meeting, meetings will be arranged with WHO, CoR and the European Commission, as to gather information about future strategies and areas of political interest, already existing knowledge and results from projects and initiatives. Of special interest for our project are e.g. topics like regions for health, healthy settings, healthy cities and health capacity building. These topics have been developed and accepted, and many of the indicators, definitions and assessment tools can be used and adapted to our specific need in terms of developing a concept for Healthy Regions.

The secretariat for Healthy Cities is placed in Copenhagen and we will try to use this opportunity to invite a representative to the kick-off meeting and present the ideas, definitions and achievements. We will also try to invite one of the Danish municipalities being a member in the Danish network to present their experiences being a “Healthy City”.

- 3) Research on the internet

The research on the internet will focus on gathering information, which is related to the definition of the concept for Healthy Regions, and terms such as “Healthy Settings”, “Health & Quality”, “Health Impact Assessment”, “Health Capacity Building”, “Health Management” and “Health Equality” will be exploited. At this stage of the project we are only looking for experiences on a strategic- and political level, focusing on definitions, indicators and measuring tools, and we are therefore not interested to look into results of concrete pilot projects on a user level.

- 4) Use of knowledge from the Article 6 project, where 3 of the 6 regions from this project have participated.

The partners who participated in the Article 6 project, which managed to develop methods, tools and guidelines to run strategic and democratic regional development processes, will make a synopsis to be incorporated in the conceptual paper, as to present the methods and tools that were developed and ideas on how to use them in this project. In this stage of the project, we will make use of the tools to identify and prioritise key competencies, such as “Regional Signal Panel”, “Traffic Light” model and “Economic Impact” model.

The conceptual paper will be used to develop a template for the regions to map their regional health competencies and to carry through a “Health SWOT analysis” for each region. This template will provide the regions with a frame of knowledge and a set of indicators against which they can map and analyse the concrete situation and health competencies in the region.

5.4.4 Deliverables and links with other work packages

<i>Date</i>	<i>Milestone</i>
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M1	Meetings with WHO, CoR and EC
M1	Known experiences, concepts and indicators are gathered
M2	First draft of conceptual paper is presented during kick-off meeting
M2	First idea of a template is presented during kick-off meeting
M2	Partners present experiences during partner meeting
M2	All partners are presented for the tools and methodologies from the Article 6 project during the kick-off meeting
M3	Final conceptual paper is presented
M3	Template for mapping and SWOT analysis is presented

5.5 Work package n° 5 - Mapping and analysis of regional public health competences

5.5.1 List of partners involved

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region (lead partner)

5.5.2 Objectives

The objective is for the regions to get a complete overview of existing public health competences within the region, as to make it easier for the region to estimate where their weaknesses and strengths lie, and in which areas the region meets the Community goals and strategies.

5.5.3 Description of the work

On the basis of the conceptual paper and the template which was developed in work package 4, each region will carry through a mapping and SWOT exercise, where the region's health competencies are described and analysed.

As the main philosophy of this project is to show how regions can create economic growth through a strategic focus on health, the competencies within health should be understood in two different categories, namely:

- 1) Health promotion and disease prevention, and
- 2) Health as an economic business sector

The mapping and SWOT analysis will therefore provide results within both categories. Within the first category, the mapping and SWOT analysis will show how and where the region as such uses their health investments, and the second category will be more qualitative showing the public and private health competencies. This category will cover subjects such as; 1) health education, 2) health consultancy, 3) health research, 4) health products and services within the private sector. Within the last issue, we think about aspects such as “health tourism”, private enterprises as locomotives for health innovation etc. It is important for the project that we try to show BOTH how regions can SAVE money on better investments AND EARN money on a more strategic focus on health as an economic business sector.

The identified competences will also be analysed against community goals and strategies, within both public health and innovation and growth.

Veneto Region has been chosen to be the lead partner of this work package, as it is a region with substantial experiences within health promotion. During a partner meeting in Germany, the regions present their mapping and SWOT analysis and they exchange experiences, as to overcome eventual difficulties. After the partner meeting there are still a few month within the work package as to finalise the mapping and SWOT analysis.

5.5.4 Deliverables and links with other work packages

<i>Date</i>	<i>Milestone</i>
M3	The regions start working with the template
M6	A draft of the mapping and SWOT analysis from all regions are presented during a partner meeting in Germany.
M8	A final mapping and SWOT analysis from all regions are presented on the web-site

5. 6 Work package n° 6 – Definition of Healthy Regions and development of Policy Recommendations

5.6.1 List of partners involved

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles (lead partner)
- CRIOC
- Veneto Region

5.6.2 Objectives

The objective of the work package is to define a European concept for “Healthy Regions” and to outline a set of policy recommendations for policy makers for them to know what characterises the “political spirit” of a “Healthy Region”

5.6.3 Description of the work

On the basis of the conceptual paper, the template and the practical use of it, and the SWOT analysis from work package 5, experiences are drawn together to design the first draft of a European concept of “Healthy Regions”.

The concept will in general terms define what it takes to become a “Healthy Region”, and the concept will be supported by a set of policy recommendations and tools,

providing regions with practical ideas and advice on how to get started if a region wants to become a “Healthy Region”.

ULB has been chosen to be the lead partner of this work package, as it is a rather academic work to gather all experiences and put it together to a user friendly concept.

During a partner meeting in Brussels, the concept will be presented and discussed between the partners. As the meeting takes place in Brussels, it will be possible to invite relevant European stakeholders to participate in workshops, as to evaluate the concept and the policy recommendations and develop them further.

Following the partner meeting in Brussels, ULB will draw up the input from the workshops, and the concept and the policy recommendations will be presented at the website, and communication on the dialogue forum will ensure that all partners agree on the final presentation.

5.6.4 Deliverables and links with other work packages

A European concept for “Healthy Regions”

A set of policy recommendations for “Healthy Regions”

<i>Date</i>	<i>Milestone</i>
M7	Analysis of practical use of template against the conceptual paper – do the definitions and indicators work in practice
M7	Gathering of mapping results and SWOT analysis’s from all regions - focusing on good and bad experiences
M8	Policy Recommendations – What seems to work?
M9	Guidelines and tools – e.g. a self assessment form
M11	1 st draft of Healthy Regions Concept
M11	Partner meeting in Brussels – workshop with external partners
M13	Revised draft of Healthy Regions Concept

5.7 Work package n° 7 – Development and mainstreaming of Regional Health Strategies

5.7.1 List of partners involved

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam
- Örebro County Council
- County Council of Östergötland
- Niace (lead partner)
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region

5.7.2 Objectives

The objective of the work package is to develop a proposal to a regional public health strategy in each participating region, focusing on how the strategy can be mainstreamed into other regional policy areas.

5.7.3 Description of the work

In this work package, the regions will apply the Healthy Region concept in practice, and develop a proposal to a regional health strategy, showing how the region can become a Healthy Region. If the region already has a health strategy, the proposal will of course take this situation into consideration and propose how this strategy can be adapted so that it follows the definition of a healthy region.

The regions will make use of the work from the former work packages, and they will also make use of tools from the Article 6 project, and the most relevant ones we will apply in this project are 1) The Regional Signal Panel, 2) The Scenario Planning Process, 3) The Round Table Dialogue and 4) The Delphi method . These four tools will be used to carry through a proactive and democratic process as to describe a regional health strategy and prioritize areas of action. Using these tools will make it possible for the participating regions to involve relevant regional actors within health and will also make it possible to involve citizens groups.

NIACE will be the lead partner of this work package. The reason is that they were responsible for the development of the scenario planning manual within the Article 6 project and South West UK is in general a region being very strong on the strategic level. During the partner meeting in Brussels (See work package 6) the partners will be introduced to the different strategic tools and a choice will be made by each region on which methodology to apply in their strategic work.

As described in section 4.2 it is extremely important, when working with strategic issues in EU projects, that we reach the policy makers in a constructive way. This is the reason that during the kick-off meeting in Brussels, each partner should present a plan on how the relevant policy makers will be involved in this strategic phase of the project. Should they be involved from the beginning, should they have a consultative role, should they only be presented for a final proposal or how do the regions find it most appropriate to have a constructive dialogue. It is not always the best solution to involve the policy makers from the beginning, because in some countries partners have the impression that they make more “noise” than constructive assistance. It is up to each region to decide. What is important at this stage is that they have made an active decision and choice about how they want to proceed.

During a partner meeting in South West UK, each partner will present their proposal for a regional health strategy (or a proposal to an adaptation of the existing strategy), and the partners good and bad experiences will be discussed in the group. Notably the contact with the policy makers and the organisational aspects, such as capacity building, regional co-operation and establishment of healthy settings within the region, will be of high importance for the further revision of the Healthy Regions concept.

5.7.4 Deliverables and links with other work packages

Each region will show a proposal for a mainstreamed regional public health strategy, which show clear relation to the Healthy Regions Concept.

<i>Date</i>	<i>Milestone</i>
M12	Decision in each region on which strategic tool to use
M12	Decision on how to co-operate and communicate with regional policy makers
M13	Beginning of “democratic” strategy development process
M 18	End of strategy development process
M19	Summing up of input from the strategy development process

M19	First draft of proposal of regional health strategy to be presented during partner meeting in UK
M20	Final proposal of regional health strategy

5.8 Work package n° 8 – Development of project catalogue

5.8.1 *List of partners involved*

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam (lead)
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region

5.8.2 *Objectives*

The objective of this work package is to identify and describe a number of projects, which through implementation can bring the regional public health strategy to a practical level.

5.8.3 Description of the work

On the basis of the strategic work that the regions have made in the former work packages and the individual regional interests, challenges and competences, a catalogue with concrete ideas for pilot projects, that handle the strategic focus areas together with the Community priorities and show how the implementation of concrete pilot projects can create engagement within the general public and put European, national and regional strategies into practice.

The project ideas will be presented in a catalogue with three overall themes; 1) Health in the Family, 2) Health in the work place, 3) Health in Schools, and give the partners and other regions inspiration on how to work with public health in a practical way.

The project catalogue will describe the overall idea with the projects, which part of the overall regional public health strategy it wishes to deal with, in which way it apply to Community goals and strategies, requirements for the implementation, expected results, estimated needed resources, ideas for the regional partnership etc. In this way the other partner regions or regions that do not belong to the partnership, but seek information and inspiration on the project website can get an overall idea on how the individual projects can assist the implementation of the regional strategy.

The region's contributions to the project catalogue can consist of small descriptions of projects that they have already implemented or ideas to projects that they would like to implement. In this way we can obtain a substantial catalogue, and the regions can learn from each other's experiences if e.g. one region wants to implement a pilot project that another region already has tried to implement.

During a partner meeting in Sweden, the project catalogue will be presented and each region identifies 3 projects to implement. Exchange of experiences takes place so that regions can use each other's methods and experiences to support the implementation of the pilot projects.

Regional workshops will be organised during the meeting, and before leaving the partner meeting each participating region should present the first overall ideas for the actual implementation of the pilot projects.

5.8.4 Deliverables and links with other work packages

Catalogue with concrete ideas for public health pilot projects

<i>Date</i>	<i>Milestone</i>
M18	A template showing the presentation of ideas of pilot projects will be presented to the partners.
M20	Each region submits a maximum of five descriptions for pilot projects.
M21	The project catalogue is presented
M22	Each region chooses three pilot projects to implement

M22	Each region presents the overall frame for the implementation of the pilot projects.
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5.9 Work package n° 9 – Implementation of concrete pilot projects

5.9.1 List of partners involved

- South Denmark European Office (international lead)
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland (regional lead for Denmark)
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Östsam (regional lead for Sweden)
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group (regional lead for UK)
- Heinrich Böll-Stiftung Schleswig-Holstein (regional lead for Germany)
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC (regional lead for Belgium)
- Veneto Region (regional lead for Italy)

5.9.2 Objectives

Implementation of concrete pilot projects in each region as to implement the regional public health strategy on a practical level.

5.9.3 Description of the work

Within this work package the three pilot projects that the regions have chosen will be implemented on a practical level.

The overall philosophy is to pin point three concrete areas within the regional health strategy and bring these areas close to citizens through the implementation of three pilot projects.

The methodology for implementation will depend on the actual pilot projects chosen. Some of the very concrete activities could be; a) providing assistance to private enterprises to develop health strategies, senior policies, and / or health promoting activities towards employees, b) assistance to schools to develop health strategies, c) design of health promoting activities within adult education institutions, d) public health campaigns, e) family assistance to adapt to a healthy lifestyle, f) design of training programmes to entrepreneurs focusing on health industries.

A regional lead partner for each region has been chosen to be the responsible co-ordinator for this work package, and the intention is that the implementation of the pilot projects should take place as collaboration activities between the associated partners, the collaborating partners and other regional stakeholders, which could be identified during the first part of the project.

This part of the project runs over approximately 12 months, hence the overall project management has an important role to play and should make sure that the implementation process stay on track. Regular telephone- and web meetings will therefore be held, and each three months, the regions will have to report to the project manager about how the pilot projects are progressing.

It is important to underline that the pilot projects are also seen as an important dissemination tool, where both the project and the strategic health issues on regional level can be disseminated to the broader public. In the course of this work package, each region will therefore host a regional seminar to disseminate information about the project and the strategic and practical results.

During the regional seminars an internal evaluation will be carried through, as all participants in the pilot projects will receive a questionnaire to fill out. This questionnaire will be developed together with the external consultant who will be engaged in the project to carry through the external evaluation, so that the results can be used in the final evaluation and report of the project.

5.9.4 Deliverables and links with other work packages

18 pilot projects will be implemented within the 6 regions.

A regional seminar in each region.

<i>Date</i>	<i>Milestone</i>
M22	Description of the three pilot projects in details, focusing on objective, stakeholders, responsibility, organisation, economy and expected results.
M23	Starting up the pilot projects
M25+M28+M31	Process reporting to the project management
M33	Regional seminars with evaluation workshops.

5.10 Work package n° 10 – Drawing up guidelines for practical implementation

5.10.1 List of partners involved

- South Denmark European Office
- The Region of South Denmark
- CVU Vest
- CVU Sønderjylland
- University of Southern Denmark
- Business Academy West
- Sønderborg Sygehus
- Ötsam
- Örebro County Council
- County Council of Östergötland
- Niace
- South West Public Health Group
- Heinrich Böll-Stiftung Schleswig-Holstein (lead)
- Landesvereinigung für Gesundheitsförderung e.V. in Schleswig-Holstein
- Université Libre de Bruxelles
- CRIOC
- Veneto Region

5.10.2 Objectives

Development of good practice catalogue and final adjustment of the Healthy Regions Concept.

5.10.3 Description of the work

This last work package will be a kind of internal evaluation of the project and its result, which provides input to a final adjustment and fine tuning of the Healthy Regions Concept and all the guidelines and recommendations that supports the concept.

On the basis of the implementation of pilot projects in work package 9, the regions draw up experiences from the projects, to be presented as good practices on how to implement regional public health strategies on a practical level. As part of the on-going monitoring and internal and external evaluation, a questionnaire will be developed for each region to report back to the project manager about the implementation of the pilot projects. Together with the evaluation workshops, which will be carried through during the regional seminars, this input will be used to draw up the good practices. South Denmark European Office in close co-operation with Heinrich-Böll-Stiftung will be responsible for the editing and presentation of the drafting of the catalogue. Each region will receive the draft and give feedback and eventual comments, which will be incorporated in the final edition. The experiences will be used to draw up guidelines for regional health projects.

A final conference will be organised in Brussels, as to present the project and its results to a broader audience, which e.g. includes regional offices represented in Brussels, European institutions and other European organisations represented in Brussels, having an interest in public health issues.

5.10.4 Deliverables and links with other work packages

Good practice catalogue, which supports the project catalogue.

A final European dissemination seminar.

<i>Date</i>	<i>Milestone</i>
M32	Gathering experiences from regions concerning the practical implementation phase
M33	Presentation of examples in a good practice catalogue
M34	Gathering experiences about health impact assessment
M33	Sending out invitations to final conference
M36	Final adjustment of Healthy Regions Concept
M36	Final adjustment of Healthy Regions Website
M36	Final conference in Brussels

6. MEASURES TO ENSURE VISIBILITY OF COMMUNITY CO-FUNDING

The visibility of Community co-funding will be an integral part of many of the mentioned dissemination tools.

The website will clearly state that the project is co-funded by the European Commission, which also will be the case for all the documents, power points presentations and catalogues produced during the project. This means that both the logo which will be designed for the project and text will illustrate the co-funding by the European Commission.

A regional conference will be held in each country, and both invitations and the place of venue will clearly state that the project has been funded by EU. Moreover, brochures will be produced for the project, where the EU logo will figure and it will be made clear that the project is supported financially by the EU.

The invitation for the final conference and the conference itself will also include these things and thereby clearly put forward the co-funders behind this project.

Moreover, the press releases published during the project will spread this message to the citizens in the participating regions by clearly highlighting the fact that this project was only possible to realize due to co-funding from the European Commission.

Finally, the project will be put forward on each involved partners own websites also stressing that the project is co-funded by the European Commission.