



Healthy Regions – when well-being creates economic growth

**Interim report from Östergötland
and Örebro, Sweden**

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Healthy Regions – when well-being creates economic growth

1. Introduction

1.1 Sweden

Sweden has one of the highest life expectancies in the world (78 years for men and 83 for women in 2008). Sweden is a large country (4/5 the size of Spain) with a small population density, and just over 9 million inhabitants in 2007 (www.scb.se). Twelve percent of the population is foreign-born.

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

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

Public health - organisation and policy

Organisation

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

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

Policy

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

Objective domain Health determinants – principal indicators

1. Participation and influence in society, Democratic participation, Gender equality
2. Economic and social security, Economic conditions, Labour market status, Secure and favourable conditions during childhood and adolescence,
3. Domestic environment, Preschool environment, School environment, Children's and young people's skills
4. Healthier working life, Work environment factors
5. Healthy and safe environments and products, Air pollution, Persistent organic substances, Noise
6. A more health-promoting health service
7. Effective protection against communicable diseases, Prevalence of infectious matter, Prevalence of immunity, Prevalence of drug-resistant infectious matter
8. Safe sexuality and good reproductive health, Unprotected sex
9. Increased physical activity, Physical activity
10. Good eating habits and safe food, Good eating habits, Energy balance, Breastfeeding frequency, Food safety
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling, Tobacco use, Harmful alcohol consumption, Illicit drug use, Excessive gambling (gambling addiction)

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

1.2 Östergötland and Örebro counties

Östergötland has 420,000 inhabitants and is located in the southeast of Sweden, two hours south of Stockholm. East Sweden includes the cities of Linköping and Norrköping, which together form the fourth largest urban area in Sweden. The whole area includes thirteen municipalities. East Sweden is a centre of excellence for aerospace, communications technology, software development and electronics. The University of Linköping has 26,500 students.

Örebro County has 275,000 inhabitants and lies at the demographic centre of Sweden. The County area is 9 700 square kilometers and it is divided in 12 municipalities. The municipality of Örebro is the largest counting 127 000 inhabitants. The largest branches are manufacturing, mining and quarrying; health and social work; trade, transport and communication; education and research. Örebro University has 14,500 students.

Örebro and Östergötland County Councils are authorities elected directly by the inhabitants of the counties. The County Councils are responsible for health and medical care, public dental care, support and services for the disabled. Örebro County Council operates three hospitals and 29 primary care centres. Östergötland operates three hospitals and 42 primary care centres. The County Council of Örebro employs 8,700 people and Östergötland 11,400.

Websites:

Östsam Regional Development Council: http://www.ostsam.se/default_en.asp.

County Council of Östergötland: www.lio.se.

Örebro County Council: www.Orebroll.se.

The Swedish Association of Local Authorities and Regions

http://www.skl.se/startpage_en.asp?C=6390

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

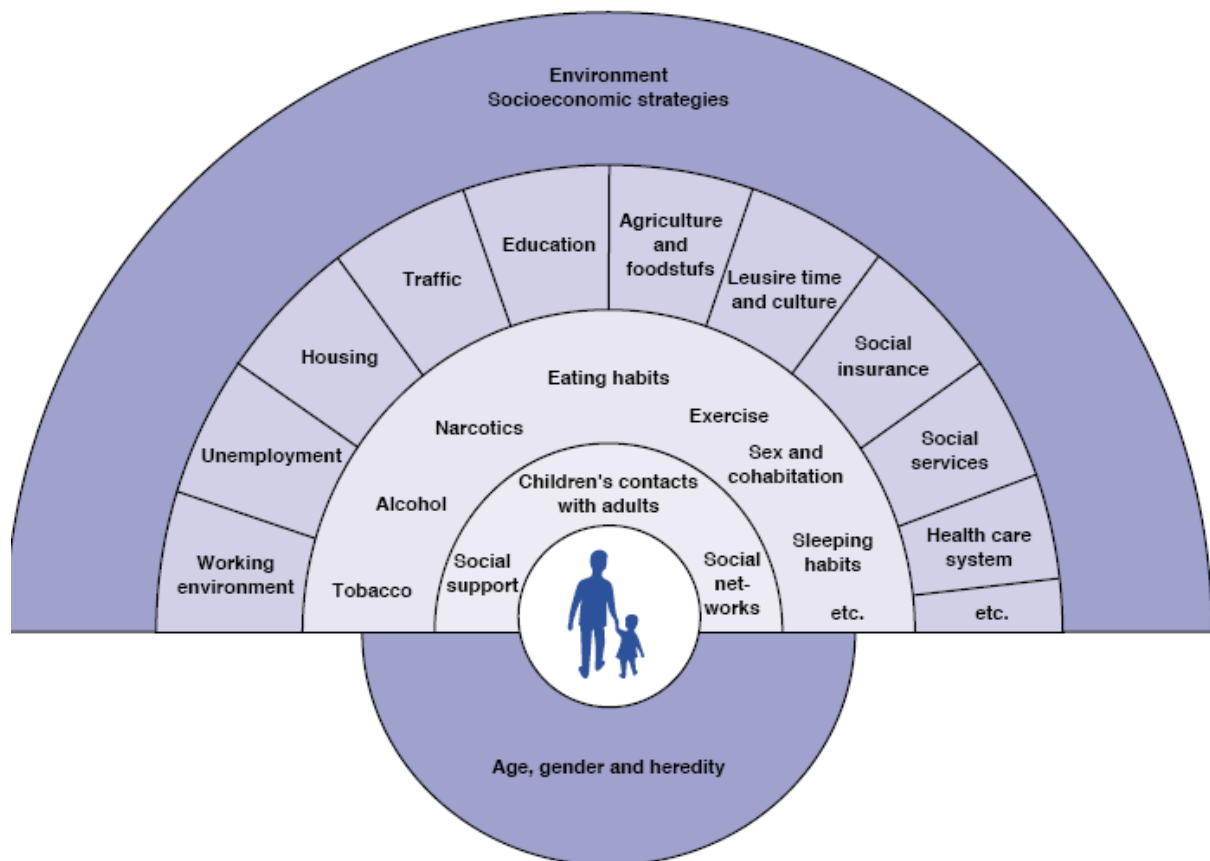
Public health policies

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

The public health policy of Örebro is the new Agreement on Public Health Cooperation in Örebro County (“En god och jämlik hälsa i Örebro län 2008 – 2011).

http://www.orebroll.se/oll/page_wostripe_16906.aspx

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



Our health is influenced by many factors, which are decided both by us and by society. The figure shows the interplay between these factors, at different levels, around the person in society.

(Picture adapted from the original of Göran Dahlgren och Margret Whitehead 1991.)

2. Dissemination of the project

Healthy Region is a project funded by the Programme of Community Action in the Field of Public Health. The project runs from November 2007 to December 2010 and has participation from the regions: Östergötland and Örebro, South Denmark, Sleswig Holstein South West UK, Veneto and Brussels. Website: www.healthyregions.eu.

The associated, collaborating and cooperation partners on the regional and national level are described in enclosure 1. We have had several meetings with both our collaborating and cooperation partners since the start of the project. Among our contacts at the national level are the Swedish Association of Local Authorities and Regions and The Swedish National Institute of Public Health.

We have attended and informed about the project at several conferences on the regional and national level for example at the 9th Nordic Public Health Conference in Östersund, Sweden.

To disseminate information about the project we have produced a brochure, which we have spread in the regions and to the national partners. We also produced an annual report in Swedish in December 2008, "The Healthy Regions project from November 2007 to December 2008". The brochure and the report have been a good help for the dissemination process. Apart from describing the project as a whole the report sums up what we have accomplished so far both on a regional and European level, and in addition to that it shows the results from the work we did regarding to Dialogue Tool and Traffic Light.

3. Working together in the region

The "working together" in our regions is divided into the work we do in Örebro and Linköping. The meetings, mails, talks by the phone between the project coordinator and the project managers, are nearly on a daily basis. We experience a good understanding and a fruitful cooperation.

Örebro

Örebro has established a *Steering group*, which held its first meeting on the 26th of November, and during the wintertime and spring they met on two more occasions. The Steering group consists of five politicians from three different political parties and two different political committees within the political organisation of Örebro County Council. The group has decided to try to integrate the perspectives and possibilities of Healthy Regions project.

The Healthy Regions *Working group* was established during the spring in 2008. This particular group consists of five employees from three different departments within Örebro County Council. The group has met three times during this period and like the political Steering group, this group is cooperating in a positive way.

Östergötland

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

An important network is the “*Public Health Network, County Council of Östergötland and the municipalities in Östergötland*”. The project managers work closely together with this network to develop the project in the region.

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

Another effect of the project is that the project coordinator work together with a cluster of entrepreneurs ”Upplev Omberg” to implement the result from Traffic Light .

Östergötland and Örebro

In the beginning of November, Linköping and Örebro together, arranged an excursion to the NaCu Hel- Centre in Oslo for a group of artists, cultural workers and employees. The group called “Upplev Omberg” in Östergötland is inspired by the Norwegian NaKuHel concept and we expect it will prove to be one of our most interesting Healthy Region projects from the Swedish partners.

We feel that the collaboration between the now established co-operating partners is going forward in a good manner. However, we want to underline that “the working together” process in the region in a broader sense, is still a great challenge. There are many people, authorities and organisations involved, and we think sometimes EU-projects are regarded as foreigners that not always fit into the everyday working life.

4. Using the tools from the project

4.1 Framework paper

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

4.2 Dialogue tool and Traffic light

Östergötland and Örebro have both used the tools Dialogue Tool and Traffic Light.

Dialogue Tool - Östergötland

Approach

Östergötland had the following approach working with the Dialogue Tool:

1. A summary of current questions and ongoing public health work within the County Council of Östergötland and other regional organisations.
2. A summary of reports and literature on a national and regional level.
3. Discussions and interviews: comprehensive and according to the form of Dialogue Tool. Employees and politicians in networks and individually within the County Council of Östergötland and municipalities in Östergötland.

Results

The results of Östergötland's use of the tool can be summarized in this way:

- We think that we are good in most fields, but we want to be even better.
- Our weakest themes are Health as an economic Growth Factor and Health and Culture.
- Our strongest themes are Strategic Health Approach and Health and Learning.
- We wish to prioritize empowerment, health and health promotion and mainstreaming in the near future.
- The judgement of the County Council of Östergötland is more positive in general than our municipalities. This is probably a result of the County Councils active and long term work.

Prioritising of initiatives

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

Dialogue Tool - Örebro

Approach

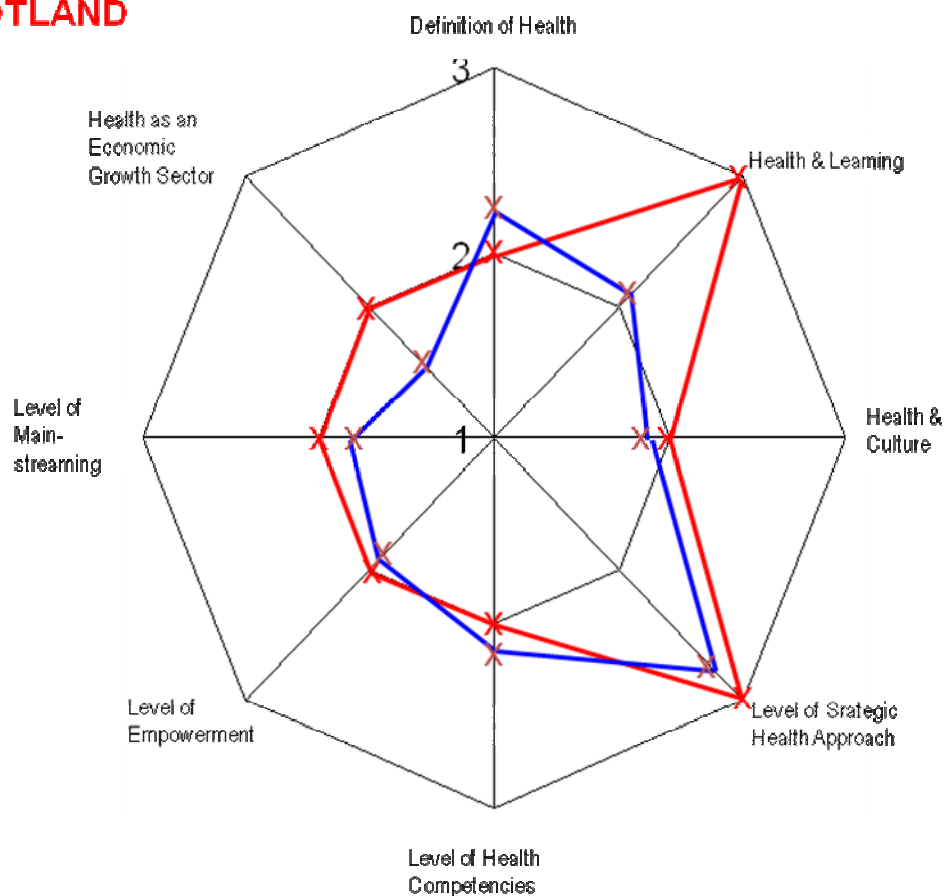
The Dialogue Tool was distributed to eight key persons - the public health strategists working on the municipality level, within the frame of the local public health agreement that exists between Örebro County Councils and four council districts. The tool was also sent to the Swedish Sport Confederation, County of Örebro, and to a representative of the County Administrative Board as well. The answers were analysed by the Working group and have later been discussed in the Steering group and Working group.

Results

Örebro sent eight letters and received seven answers. “The kite” designed on the Health Spider Web is the result of the judgements and estimations. The Web shows that 2 (lagom) was the favourite choice. The employee from Örebro, the largest municipality, comments on the choice of number 2 with the explanation that “we are good in most fields, but we can always be better”. The only 1-choice from Örebro is to question number 8, Health as an Economic Growth Sector. This is significant for the result as a whole. Moreover, the opinions on economic Growth are divided, says Örebro. Örebro would like to point out that one council district, the northern district, stands out. The employee from the north estimated level 3 for 5 sectors except for Health and Culture, Empowerment and Mainstreaming, that she estimated to level 2. In the north they have for many years developed co-operations across municipality borders and sector’s borders. However even if the employee in the northern district chooses a higher level the pattern is the same. We are as a whole good on strategies and policies but not as good at mainstreaming, empowerment and Health as an economic sector.

The Health Spider Web – Östergötland and Örebro

The Health Spider Web
ÖSTERGÖTLAND
ÖREBRO



More information about the work and results in Östergötland and Örebro is presented in the report “The Healthy Regions project from November 2007 to December 2008”.

Traffic light - Östergötland

Approach

Östergötland started the work with Traffic Light by reading a report from Nutek (The Swedish Agency for Economic and regional Growth) and a regional report from May 2008 called “Images of Health-driven Enterprise”. This report shows the situation for the entrepreneurs. To obtain a picture of business and enterprise and of development opportunities in each subarea, expertise of the area were interviewed. In addition to this a number of business leaders, business organisations and associations in the field have been invited to submit their views.

To define what we mean with Health-driven Enterprise/Health business, Östergötland chose the companies own descriptions – if an entrepreneur describes their business as health-oriented- it is a part of Traffic Light report.

Results

We found a lot of areas that could lead to regional development and economic growth.

Health Culture and Nature

There is big potential in creating attractive environments or activities/experiences through art, nature, music, theatre and literature – in health care. As regards nature-related enterprise, companies focusing on wellness and hiking have the biggest development potential. Culture and nature are put in the creative sector, the experience sector. Experiences are in big demand. In the long term one can expect consumption to be partly replaced by different types of experience. This will in turn increase the demand. It is important to change the focus and see culture as a business/industry.

Health and learning

There is a market for training people in self-care, feel-good courses, relaxation, exercise, personal development etc. There will be requirements for people to take increasing responsibility for their own health. As regards outdoor learning and its health effects, research shows that children (and teachers) practising “learning by doing” in other environments have better health than those in the classroom. If several players “educate” citizens in taking care of their health, then there is a big market. With an ageing population and people in need of care it is necessary that citizens take greater responsibility for their own health. With current research in the field of outdoor education, there is potential for schools to steer their activities towards outdoor education.

Health Tourism

There is excellent prospects for starting companies within health/wellness tourism.

As regards nature-related enterprise, there is development potential primarily when it comes to companies focusing on walking/hiking. The biggest potential is to be found in pilgrimage tourism. The demand here is greater than the supply.

Healthy food

When we speak of health-bringing food today, the focus is on sustainable growth rather than nutrition in the products. There is potential if the consumers are willing to pay. One niche, which can lead to more companies and thereby greater economic growth, is “health-bringing fast food”.

Health rehabilitation – independence aid technology

There are very good prospects for entrepreneurship in this field. An increasing number of elderly people in the community and decreasing numbers of care beds and care institutions lead to good prospects to create companies and enterprises based on making everyday care easier in the home, for both the elderly and younger people. Receiving care in the home brings major gains for the community, but above all for the person who is receiving care in the home.

Through the existing research, and the connection between it and companies, there is big potential to create and develop companies. This means increased job opportunities, leading to economic development. The most important profile area in Östergötland is Distributed Care.

Health facilities















There are good prospects for enterprise in this field as more and more people care more and more about their health. There will be a big need of companies to which the care sector can refer people, who are not suffering from a disease as such, but from affluence. This can be anything from functional clothing, health-bringing food, walking trails, wellness centres, courses, food additives, etc. The whole area with all the players contributes to economic growth. This is because there is an almost insatiable demand among people to feel better, look better, live healthier and realise themselves. Experiences and self-realisation show steady growth.

Health Regional Branding

There is a vast market for entrepreneurship within the regional profile areas as regards both products and services. The interests include the housing companies which offer accommodation with smart solutions for self-care as well as link-ups to health centres, smart solutions for increasing security in the home – medical monitoring, alarms etc.

There are already a number of sizeable companies in the profile areas in the region, and it is known from experience that they attract more start-ups. Looking at the existing models for creating economic growth where education, research, and business are the cornerstones for business development, then all these components is to be found within the region.

Summary of the results:

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

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

Traffic Light – Örebro

Due to limited time, Örebro engaged a consultant for collecting materials and viewpoints regarding the Traffic Light Tool. The consultant started working the first week of September and interviewed several experts in different fields with knowledge of the business sector in the region. Interviews with two representatives from the Örebro Regional Development Council were also made.

Summary of the results:

Health Promotion 

Empolyment growth or decline:

Increasing Adult Education

Strategic significance:

The Public Health Agreements

Enterprise innovation investment:

Increasing

Public Health Care 

Empolyment growth or decline:

Likely to decline due to increasing privatization

Private Health Care 

Empolyment growth or decline:

Increasing focus on women's entrepreneurship

Strategic significance:

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


Enterprise innovation investment:

Increasing

Medical, Pharmaceutical and Biotech Life science 

Extent of employment:

Low level in Örebro

Education to the Health Care Sector 

Extent of employment:


Need of doctors

Empolyment growth or decline:

Increasing numbers of students and university education programs

Enterprise innovation investment:

Planning for medical/doctor's training


Research with focus on health 


Extent of employment:

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

Enterprise innovation investment:

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

IT Development/Production to the health care industry 

Development/Produktion of facilities to the health care sector 

Extent of employment:

Relatively high level in Sweden as a whole

Empolyment growth or decline:

Growth

Enterprise innovation investment:

Increasing

Conclusion

Örebro and Östergötland got in general good, results from the use of the tools. The tools opened up for a dialogue about public health, regarding politicians, public health advisers and strategists throughout the counties.

The conclusion is that the weakest field is Health as an Economic Growth Sector. However that is in a sense a positive result, because it proves that the project The Healthy Regions - When Well-being Creates Economic Growth is indeed required.

It will be a shared effort by the Steering groups and the networks to find possible solutions for how to continue the process on the basis of the tools results.

4.3 Project catalogue

Since autumn 2008 we have sought interesting projects to the Healthy Regions project catalogue. The designing of the catalogue is also the responsibility of the Swedish regions. The project coordinator has done most of this work so far.

Östergötland has chosen two pilot projects and Örebro one to be presented in the catalogue.

Extended classroom

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

Multicultural healthcare counselors in Östergötland County

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

Project period: April 1st 2006 – December 12th 2008

NaKUHel

The project aims to increase awareness of the connection between life conditions, living habits and health, and to show how everyone can influence their own health. The project focuses on the importance of nature and culture of human health.

NaKuLiv is a 3-year public health project.

Project period: February 2006 to December 2008.

Geographical area: Örebro County with 12 municipalities and a population of 276,000.

We will continue searching for more interesting projects to present in the project catalogue. We will also look for projects from the other regions to implement in the regions of Östergötland and Örebro.

5. Working together with the international partners

During this period we have concentrated on the continuing work in each region and to have a good cooperation between our two regions. Most of the contacts with the international partners in the project have gone through the project coordinator, because of Östergötland's engagement in producing a project catalogue. However, working with the pilots, and reading the other regions pilot projects and contributions, has been interesting and in that way we are gaining much experience from the international partners. We also think that the partner meetings and information/use of the website inspire to cooperation with other regions.

6. Results from the project

It feels like we are on the right track. Our cooperation partners are indeed interested and wish to participate in the further development of The Healthy Regions project. We have established a political steering-group in both regions and we also have access to a lot of public health competencies through our working groups and networks.

The main benefit during this period is that the project has helped to forge links with new partners in the work of public health in the region. This comes as a result both from working with the tools and also as an effect from the need to build a platform for the project within our own organisation.

Working with the project catalogue has been especially fruitful, and is something that has inspired many to see the need for a catalogue on a regional level.

7. Next step

We will continue our cooperation with the steering groups, collaborating and cooperation partners. The work with the project catalogue will go on. We will also look for a closer cooperation with one or two partners in the project.

In addition to this on-going process we like to mention that Örebro's Democracy committee shall host the National Network's annual national conference this year, where the project

manager will present The Healthy Regions project. The conference is scheduled for the 26th and 27th of August.

In Östergötland we hope that the Healthy Regions project can be an important input to the revision of the Public Health Programme of Östergötland 2001-2010, which is going to start this autumn. We will also discuss the possibility to arrange a regional conference in Östergötland together with the Centre for Public Health Sciences, County Council of Östergötland.

We shall also be busy preparing our partner meeting in Linköping in September, hoping for a successful meeting.

Enclosure 1

Dissemination process in Sweden (December 2007)

Associated partners

Östsam Regional Development Council
County Council of Östergötland
County Council of Örebro

Östergötland

Collaborating partners

New Tools for Health
Östsam Regional Development Council - project coordinator for introduction of refugees
Norrköping municipality
Linköping University, Centre for Outdoor Environmental Education, Department of Culture and Communication
The Sport federation Östergötland

Cooperation partners

Centre for Public Health Sciences, County Council of Östergötland
Public Health Network, County Council of Östergötland
Public Health Network, County Council of Östergötland and the municipalities in Östergötland
Linköping University, Faculty of Health Sciences and Department for Studies of Social Change and Culture in the project "Twincities"

Political level

Östsam Regional Development Council
Health Cooperation Working Group, County Council of Östergötland
Committee for cooperation about health and welfare, the municipalities in Östergötland and the County Council of Östergötland

Örebro

Cooperation partners

Department of Community Medicine and Public health, Örebro County Council
Swedish Sport Confederation, County of Örebro
"LänSam" – a health project in cooperation between municipalities in Örebro County, Örebro County Council, Social Insurance Office and Swedish Employment Service, Örebro
"NaKuLiv", a public health collaboration project between The Alliance for adult Education in Örebro and Örebro County Council
Centre for Health Care Sciences, Örebro County Council
Örebro Regional Development Council
"NaKuHel" - Nature, Culture, Health Centre in Asker, Norway
Konstfrämjandet Bergslagen - A non profit Swedish association for art in Society

Political level

Board of Public Health and Medicine, Örebro County Council
Drafting Committee for Economic Growth and Adult Education, Örebro County Council

National level

Cooperation partners

The National Institute of Public Health
Swedish Association of Local Authorities and Regions