# “Best for Esther”: What Region Jönköping County teaches us about population health

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At CHI’s 25th Masterclass, Jane Ydman, Mats Bojestig and Peter Hayhanen from Region Jönköping County in Sweden shared a population health journey anchored not in a programme, institution or dashboard, but in a person: Esther.

*From Left to Right: Mats Bojestig, Director of Health Care, Region Jönköping County, Peter Häyhänen, Director of Development, Region Jönköping County, Jane Ydman, Chief Executive Officer, Region Jönköping County.*

Esther represents the person whose life, health and wellbeing the system exists to serve. She is a simple but powerful reminder that population health is not only about how services are organised, but about whether those services come together in ways that matter to people’s lives.

Region Jönköping County is a public regional authority in southern Sweden serving about 370,000 residents. Its responsibilities span healthcare, dental care, public health, regional development and transportation. It also works in collaboration with 13 municipalities, distinct local authorities that serve the same residents, but hold different responsibilities for everyday community life, social support and local services. Its vision is “for a good life in an attractive region”, and its work has been shaped over decades by a commitment to quality as a strategy embedded in governance and daily practice.

The masterclass offered many practices worth studying, from primary care and preventive health to dashboards, leadership development and improvement methods. Yet the deeper learning lies in what held these efforts together: a shared purpose, a shared system view, and a shared discipline of quality.

## Shared Purpose: Best for Esther

The first idea was shared purpose. Region Jönköping’s simple rules included “Best for Esther”, “Take responsibility for your step, give feedback to the step before, and facilitate the step after”, and “What we do together is what counts.”

The power of “Best for Esther” is that it gives the system a shared test of value. In healthcare, it is easy to ask whether each service has done its part: Was the appointment completed? Was the referral made? Was the waiting time reduced? These questions matter, but they are not enough.

From Esther’s point of view, the more important question is whether the whole experience makes sense for her life. Can she get care at the time, location and means that she needs? Does the system understand her story? Are services connected enough that she does not have to carry the burden of navigating them alone?

What made the Jönköping story compelling was that “Best for Esther” was not presented as a slogan alone. It appeared to recur across a pattern of choices: strengthening primary care, working with municipalities, investing in prevention, designing access through the 1177 service, developing leaders together, and using quality improvement to keep learning from the system.

The masterclass also included examples of what matters to people: getting help with one’s health problems so one can care for a spouse; remaining independent at home; walking on the grass at one’s cabin in summer; having one’s story known. These examples remind us that value is not only clinical. It is also about independence, relationships, dignity, and the deeply personal meanings people carry, the stories they wish to be remembered for, and the futures they still hope are possible.

“Best for Esther” therefore does more than humanise the work. It disciplines the work. It asks every part of the system to look beyond its own performance and ask whether it is contributing to value as experienced by the person being served.

## Shared System: Working Together for the Same Population

If "Best for Esther" is the shared purpose, then working as a shared system is what makes that purpose possible.

Esther's life does not follow administrative boundaries. Her health may depend on primary care, hospital care, transport, social connection, family services and community resources. No single organisation holds all these pieces.

This is what makes Region Jönköping's relationship with the 13 municipalities important. The municipalities are not departments within the region, or delivery arms that report to it. They are distinct local authorities with their own responsibilities for everyday life and local welfare. Region Jönköping, in turn, holds responsibilities for healthcare, dental care, public health, regional development and transport.

The challenge, then, is not only to coordinate services, but to build coherence across actors who each hold different parts of Esther's life.

This showed up in joint work with municipalities, such as family centres for expectant parents and families with young children, youth clinics for young people, and child and adolescent health services. These are interfaces between health, family life, social support and community. Preventive health work also extended this system view into everyday life through targeted health discussions, lifestyle support, health centres run with non-profit organisations, and health communicators in languages other than Swedish.

Access was also designed as part of the system. The 1177 service serves as a first contact with healthcare, offering advice by phone, digital information, digital advice and access to patient records. The Primary Care First approach similarly reflects a design choice to organise more support closer to daily life, before specialised care is needed.

Together, these examples point to a different question.

Not **"Who owns Esther?"** but
**"How can the system organise around her?"**

In this light, Region Jönköping's simple rule, "What we do together is what counts", becomes more than a call to work well with others. It reflects a deeper recognition: our organisations may be separate, but Esther's life is not.

## Shared Discipline: Quality as Strategy

For Region Jönköping, quality was not a project, department or compliance requirement. It was a strategy for how the region planned, managed, followed up and improved.

This discipline showed up in how the region used data, routines and improvement methods: from balanced scorecards and system data, to flow committees, gemba walks and real-time dashboards across emergency departments, primary care centres and municipalities. The point was not the dashboard itself, but what the dashboard enabled the system to do: see patterns, follow results, understand variation, coordinate action and learn whether changes were making a difference.

Region Jönköping's use of data was tied to a disciplined improvement approach. The Model for Improvement asks three practical questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

These questions are simple, but they create a discipline of action and learning. They keep improvement close to the work, and close to the question of whether the system is creating value for Esther.

Another striking idea from the masterclass was that everyone has two jobs: their professional work and improvement work. Professional knowledge matters. But so does improvement knowledge - understanding systems, variation, the psychology of change, and learning-driven change management.

This is what turns "Best for Esther" from a slogan into practice. The system has to keep asking whether its work is creating value for the people it serves and keep adjusting when it is not.

## What Region Jönköping County Invites Us to See Differently

For those of us learning from Region Jönköping County, it is natural to notice the visible practices first: the dashboards, leadership programmes, family centres, preventive health work, primary care approach and improvement methods. These are worth studying, but taken on their own, they are not the full lesson.

What holds the Region Jönköping County story together is the pattern beneath the practices: a shared purpose clear enough to guide decisions, a shared system view strong enough to cross boundaries, and a shared discipline of quality strong enough to turn intention into daily practice.

*Signing of Memorandum of Understanding between NHG Health and Jönköping County Council as represented by Qulturum.*

This may be where Region Jönköping County's story is most useful to us, not as a model to replicate wholesale, but as an invitation to look at what holds our own practices together. For Singapore, the question is not simply, **"Which part of Jönköping can we adopt?"** A more useful question may be: **"What shifts in thinking would allow population health to flourish in our own context?"**

The Jönköping story suggests at least three.

First, a shift from services to **lives**. "Best for Esther" asks us to look beyond whether each service has performed well, and to ask whether the person's life is made better, easier and healthier by the way the system comes together.

Second, a shift from organisations to **one shared system**. Esther's life does not follow institutional boundaries. If our organisations are separate but the person's life is not, then the work is to see how our different parts contribute to one shared experience of care, support and wellbeing.

Third, a shift from improvement as projects to **quality as a way of working**. Region Jönköping County's story reminds us that improvement is not only what happens in special initiatives. It can become part of how a system sees itself, learns from what is happening, and keeps adjusting its work.

These shifts are not easy. They ask more than adoption of a model or replication of a practice. They ask us to examine how we see the people we serve, how we see one another, and how we learn together.

Perhaps that is the enduring lesson from the masterclass: population health begins when a system learns to ask, again and again, what matters for the people it serves, and then organises itself to act on the answer.

*Photo of CHI 25th Masterclass by Region Jönköping County.*

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